

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90015 005 ****61.25



DOCUMENT # N03000007232
1. Entity Name
SOR MARIA ROMERO FOUNDATION-ESTELI INC.

Principal Place of Business: **35 SW 65 AVE MIAMI FL 33144**
Mailing Address: **35 SW 65 AVE MIAMI FL 33144**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

4. FEI Number: **56-2431629**
Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent
**DAVILA, LIZ L
35 SW 65 AVE
MIAMI FL 33144**

7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable):
City: **FL** Zip Code:

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE: *[Signature]*
Signature, typed or printed name of registered agent and title: (NOTE: Registered Agent signature required when constituting) DATE:

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008.**

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	ABAUNZA, SANTIAGO P	
STREET ADDRESS	3390 SW 107 AVE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	P	<input type="checkbox"/> Delete
NAME	DAVILA, LIZ L	
STREET ADDRESS	35 SW 65 AVE	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	T	<input type="checkbox"/> Delete
NAME	PIAIA, BERNARD E	
STREET ADDRESS	12352 SW 124 COURT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	F	<input type="checkbox"/> Delete
NAME	ABAUNZA, LILLIAM ORUE	
STREET ADDRESS	16161 SW 144 TERRACE	
CITY-ST-ZIP	MIAMI FL 33196	(last name ORUE)
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Liz L. Davila - President 4/25/2008 - 305-261-9814