

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jun 07, 2005  
Secretary of State**

DOCUMENT# N03000011057

Entity Name: ASOCIACION SAN FRANCISCO DE ASIS, INC.

**Current Principal Place of Business:**

255 EAST ENID DRIVE  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

255 EAST ENID DRIVE  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

FEI Number: 20-0532351      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

DE ARGUELLO, MARIA M  
255 EAST ENID DRIVE  
KEY BISCAYNE, FL 33149      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: MRS      ( ) Delete  
Name: SOMARRIBA, CHARLOTTE  
Address: 255 EAST ENID DRIVE  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MRS      ( ) Delete  
Name: DE ARGUELLO, MARIA M  
Address: 255 EAST ENID DRIVE  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MRS      ( ) Delete  
Name: MANZANARES, ILSE  
Address: 255 EAST ENID DRIVE  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MRS      ( ) Delete  
Name: CASTILLO, REGINA  
Address: 255 EAST ENID DRIVE  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLOTTE SOMARRIBA

MRS.

06/07/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date