


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90028 036 ****70.00

DOCUMENT # N04000001533 1. Entity Name FBZ ARCHIVOS FOUNDATION, INC.					
Principal Place of Business 535 VITTORIO AVE CORAL GABLES, FL 33146			Mailing Address 535 VITTORIO AVE CORAL GABLES, FL 33146		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent BSPA CORPORATE SERVICES INC 350 E LAS OLAS BLVD STE 1000 FT LAUDERDALE, FL 33301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PS		TITLE	PS	
NAME	BODISTA, FULGENCIO R		NAME	Batista, Fulgencio R	
STREET ADDRESS	535 VITTOILLO AVE		STREET ADDRESS	535 Vittorio Avenue	
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE	VPT		TITLE	YT	
NAME	BADISTA, ROBERTO F		NAME	Batista, Roberto F	
STREET ADDRESS	252 EAST 61 STREET #25 S		STREET ADDRESS	2409 Chesapeake Circle	
CITY-ST-ZIP	NEW YORK, NY 10021		CITY-ST-ZIP	W. Palm Beach, FL 33409	
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Fulgencio R Bodista</i>			1/12/06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		