

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

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**



01102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0803130

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BSPA CORPORATE SERVICES INC
350 E LAS OLAS BLVD STE 1000
FT LAUDERDALE, FL 33301**

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IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	BATISTA, FULGENCIO R
STREET ADDRESS	535 VITTOILLO AVE
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	VT
NAME	BATISTA, ROBERTO F
STREET ADDRESS	2409 CHESAPEAKE CIR
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/23/07-80076-016 70.00

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IN THIS SPACE**

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:

Fulgencio R. Batista

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/07

Date

Daytime Phone #