

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90168 012 ****70.00

DOCUMENT # N04000002506	
1. Entity Name FLORIDIANS AGAINST NEW TAXES CORPORATION	



Principal Place of Business 4775 NW 132 STREET OPA LOCKA, FL 33054	Mailing Address 4775 NW 132 STREET OPA LOCKA, FL 33054
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50047539



2. Principal Place of Business		3. Mailing Address 100 SE 2nd Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 34th Floor	
City & State		City & State Miami, FL	
Zip	Country	Zip	Country
		33131-2158	

01252005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent CORPORATE INTERNATIONAL REGISTERED AGENTS 200 SOUTH BISCAYNE BLVD SUITE 4100 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name BIPC CORPORATE REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 100 SE 2nd Street 34th Floor City Miami FL Zip Code 33131	
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8. The above named entity submits this statement for the BIPC Corporate Registered Agents, Inc. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Gustavo J. Fernandez-Quincoces* **04/21/05**
By *Gustavo J. Fernandez-Quincoces, Esquire* (NOTE: Registered agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOSAL, MARGARITA 4775 NW 132 STREET OPA LOCKA, FL 33054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS NADER, YOLANDA 4775 NW 132 STREET OPA LOCKA, FL 33054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Yolanda Nader* **COO CFO.** **4-21-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #