

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002548

FILED  
Apr 20, 2006  
Secretary of State

**Entity Name:** FESTIVAL DE PUEBLO PUERTORRIQUENOS DE FLORIDA, CORP.

**Current Principal Place of Business:**

1548 S SEMORAN BLVD.  
ORLANDO, FL 32807

**New Principal Place of Business:**

**Current Mailing Address:**

1548 S SEMORAN BLVD.  
ORLANDO, FL 32807

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

ZAVALA, MATILDE MS  
1548 S SEMORAN BLVD.  
ORLANDO, FL 32807 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: CEO ( ) Delete  
Name: ROJAS, JUDITH M  
Address: 2650 HILLIARD CT  
City-St-Zip: KISSIMMEE, FL 34744 00

Title: VP ( ) Delete  
Name: ZAVALA, MATILDE  
Address: 1548 S SEMORAN BLVD  
City-St-Zip: ORLANDO, FL 32807 00

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

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 Chapter 119, 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: MATILDE ZAVALA

VP

04/20/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date