## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## May 04, 2006 8:00 am Secretary of State DOCUMENT # N04000005795 05-04-2006 90229 042 \*\*\*\*61.25 CIRCULO FUERZAS AMIGAS INC. Principal Place of Business Mailing Address 660 NW 124 PLACE MIAMI FL 33182 660 NW 124 PLACE MIAMI FL 33182 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) 4. FEI Number 55-0917334 City & State City & State Applied For AP-PLIED FOR Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Edicherto Edilberto Street Address (P.O. Box Number is Not Acceptable) 660 NW 124 PLACE MIAMI FL:33182 City HIPMI 8. The above named entiry 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. resident Delete TITLE Change ☐ Addition PUERTO, MARIA I NAME NAME 660 NW 124 PLACE. STREET ADDRESS STREET ADDRESS MIAMI FL 33182 CHY-ST-78P CITY-ST-7IP THE Delete Change TITLE Addition MIR, EDILBERTO NAME NAME STREET ADDRESS 660 NW 124 PLACE STREET ADDRESS MIAMI FL 33182 CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition PAGAN, PABLO NAME NAME STREET ADDRESS 13396 SW 11 LANE STREET ADDRESS **MIAMI FL 33184** CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change Addition NAME PALENZUELA, XENIA NAME STREET ADDRESS 10200 SW 107 STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition ORTIZ, CANDIDA 13396 SW 11 LANE STREET ADDRESS STREET ADDRESS MIAMI FL 33184 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

FILED

4-18-02