

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90033 038 ****61.25

DOCUMENT # N04000007234					
1. Entity Name PREVENTION CORAZONES UNIDOS NEWSPAPER CORP.					
Principal Place of Business 1325 W. 68TH ST., #512 HIALEAH, FL 33014			Mailing Address 1325 W. 68TH ST., #512 HIALEAH, FL 33014		
2. Principal Place of Business 1410 W. FLAGLER ST Suite, Apt. #, etc.		3. Mailing Address 1410 W. FLAGLER ST Suite, Apt. #, etc.		03142006 Chg-NP CR2E037 (11/05)	
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 20-1406824	
Zip 33135		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ACEVEDO, SIXTO R 1688 SW 22ND ST MIAMI, FL 33145				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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:					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 PV NAME ACEVEDO, SIXTO R STREET ADDRESS 1325 W. 68TH ST., #512 CITY-ST-ZIP HIALEAH, FL 33014	☐ Delete	TITLE NAME STREET ADDRESS 1410 W. FLAGLER ST CITY-ST-ZIP MIAMI, FL 33135	☒ Change ☐ Addition		
TITLE SD NAME GONZALEZ, JUAN STREET ADDRESS 1325 W. 68TH ST., #512 CITY-ST-ZIP HIALEAH, FL 33014	☐ Delete	TITLE NAME STREET ADDRESS 1410 W. FLAGLER ST CITY-ST-ZIP MIAMI, FL 33135	☒ Change ☐ Addition		
TITLE T NAME AGUEDO, JULIO STREET ADDRESS 1325 W. 68TH ST., #512 CITY-ST-ZIP HIALEAH, FL 33014	☒ Delete	TITLE NAME T Acevedo, Julia STREET ADDRESS 1410 W. FLAGLER ST CITY-ST-ZIP MIAMI, FL 33125	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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:				Date: 3/14/06 Daytime Phone #: 786-262-3743	