

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90151 019 ****70.00

DOCUMENT # N04000007579

1. Entity Name
RAMS BAND PARENT ASSOCIATION, INC.



Principal Place of Business
**8865 SW 16TH STREET
MIAMI, FL 33165**

Mailing Address
**P.O. BOX 563054
MIAMI, FL 33256-3054**

50020832



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05252006 Chg-NP CR2E037 (4/06)

City & State

City & State

4. FEI Number
74-3127890

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHESTARO, BERENICE
5120 SW 113 AVENUE
MIAMI, FL 33165**

Name
Vasquez Miriam
Street Address (P.O. Box Number is Not Acceptable)
10986 SW 25th
City
Miami FL Zip Code
33174

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 *Miriam Vasquez*
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/25/06
DATE

**Filing Fee is \$61.25
Due by September 6, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CHESTARO, BERENICE
5120 SW 113 AVENUE
MIAMI, FL 33165 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Miriam Vasquez
10986 SW 25th
Miami, Fla 33174 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BARRETO, GUSTAVO
2019 SW 16 TERRACE
MIAMI, FL 33145 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice-President
Castillo, Lourdes
9709 NW 5th Lane
Miami, Fla 33172 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
ARRASTIA, DEBORAH
820 SW 93 PLACE
MIAMI, FL 33174 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
Edelponso, Michelle
191 NW 97 Ave #313
Miami, FL 33172 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
FIGUEROA, GISELA V
10500 SW 8 ST, APT. 406
MIAMI, FL 33174 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
Taboas, Elvira M.
8833 NW 142 Ave
Miami Lakes, FL 33018 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Portes, Enid
13960 SW 24th
Miami, Fla 33175 ☐ 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: *Miriam Vasquez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/06
Date

305-222-1186
Daytime Phone #