

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90070 022 ****61.25

DOCUMENT # N04000010986

1. Entity Name
MATANZAS FOUNDATION, INC.



Principal Place of Business

**904 SW 23RD AVE
MIAMI, FL 33135**

Mailing Address

**904 SW 23RD AVE
MIAMI, FL 33135**

40052333



DO NOT WRITE IN THIS SPACE

02212006 No Chg-NP CR2E037 (11/05)

20-4238475

| | |
|----------------------------------|----------------|
| 4. FEI Number | Applied For |
| NOT APPLICABLE 20-4238475 | Not Applicable |

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

6. Name and Address of Current Registered Agent

**PEREZ, DEMETRIO J ESQ
904 SW 23RD AVE
SUITE 200
MIAMI, FL 33135**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------|
| TITLE | P |
| NAME | PEREZ, DEMETRIO JR |
| STREET ADDRESS | 904 SW 23RD AVE |
| CITY-ST-ZIP | MIAMI, FL 33135 |
| TITLE | V |
| NAME | ESPINOSA, ROLANDO |
| STREET ADDRESS | 904 SW 23RD AVE |
| CITY-ST-ZIP | MIAMI, FL 33135 |
| TITLE | ST |
| NAME | MARI, ARMINDA |
| STREET ADDRESS | 904 SW 23RD AVE |
| CITY-ST-ZIP | MIAMI, FL 33135 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-06

Date

305 643 4888

Daytime Phone #