


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90212 047 ****61.25

DOCUMENT # N05000004078					
1. Entity Name ORGANIZACION DE LIBERALES NICARAGUENSES EN MIAMI, INC.					
Principal Place of Business 11521 SW 4TH ST MIAMI, FL 33174		Mailing Address 11521 SW 4TH ST MIAMI, FL 33174			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 04122006 Chg-NP CR2E037 (11/05)	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERNANDEZ, EMILIO A 11521 SW 4TH ST MIAMI, FL 33174			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 _____ (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. <input type="checkbox"/> \$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	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERNANDEZ, EMILIO A		NAME	LUIS FALLAIS D.	
STREET ADDRESS	11521 SW 4TH ST		STREET ADDRESS	11521 SW 4 ST	
CITY-ST-ZIP	MIAMI, FL 33174		CITY-ST-ZIP	MIAMI, FL 33174	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANTAMARIA, CECILIA		NAME	EMIGDIO PRADO	
STREET ADDRESS	11521 SW 4TH ST		STREET ADDRESS	11521 SW 4 SE	
CITY-ST-ZIP	MIAMI, FL 33174		CITY-ST-ZIP	MIAMI, FL 33174	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	USEDA, HUMBERTO		NAME	JOSE M. BERNUDEZ	
STREET ADDRESS	11521 SW 4TH ST		STREET ADDRESS	11521 SW 4 ST	
CITY-ST-ZIP	MIAMI, FL 33174		CITY-ST-ZIP	MIAMI, FL 33174	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUEVAS, ESPERANZA		NAME	ARMANDO SALAZAR	
STREET ADDRESS	11521 SW 4TH ST		STREET ADDRESS	11521 SW 4 ST.	
CITY-ST-ZIP	MIAMI, FL 33174		CITY-ST-ZIP	MIAMI, FL 33174	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUARTE, CONNY		NAME		
STREET ADDRESS	11521 SW 4TH ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33174		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUEVAS, CARLOS		NAME	ROBERTO OROZCO	
STREET ADDRESS	11521 SW 4TH ST		STREET ADDRESS	11521 SW 4ST	
CITY-ST-ZIP	MIAMI, FL 33174		CITY-ST-ZIP	MIAMI, FLORIDA	
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: <i>Emilio Hernandez</i>			Date: 4/12/06		Daytime Phone #: 305-559-7626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					