

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

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90113 007 ****61.25

DOCUMENT # N05000004242

1. Entity Name

CONQUISTADOR OF LIFE, INC.



Principal Place of Business

1026 W. MICHIGAN ST.
ORLANDO FL 32805

Mailing Address

3512 FLAGAN AVE.
ORLANDO FL 32806



2. Principal Place of Business

3. Mailing Address

600 W. OAK Ridge Road

P.O. Box 568333

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

City & State

Orlando Florida

Orlando, Florida

Zip

Country

Zip

Country

32837

ORANGE

32856

4. FEI Number

Applied For

Not Applicable

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

RIVERA, ROSE
3512 FLAGAN AVE.
ORLANDO FL 32806

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: 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

TITLE: DIRECTOR
NAME: BRENDA TORRES
STREET ADDRESS: 4101 SINGING CREEK LANE Apt. 3
CITY-ST-ZIP: ORLANDO, FL 32809

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
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TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: DIRECTOR
NAME: MIN. VIVIAN GUZMAN
STREET ADDRESS: 225 IOWA WOOD CIRCLE W.
CITY-ST-ZIP: ORLANDO, FL 32824

TITLE: PRESIDENT-DIRECTOR
NAME: MIN. ROSE RIVERA
STREET ADDRESS: 3512 FLAGAN AVE
CITY-ST-ZIP: ORLANDO, FL 32806

TITLE: ☐ Change ☒ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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: *Rose Rivera*

4-05-06 321-354-9206