## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000011986

Title:

Name:

Address:

City-St-Zip:

Entity Name: FUNDACION QUIVICAN INC

FILED Apr 29, 2006 Secretary of State

Littly Na	IIIe. PONDAC	ION GOIVICAN, INC.			
Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
2145 MAL	IBU LAKES CIF	RCLE			
#1814 NAPLES, I	FI 3/110				
·					
Current Mailing Address:			New Mailing Address:		
2145 MALIBU LAKES CIRCLE					
#1814 NAPLES, I	FL 34119				
·	: 41-2188394	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
2145 MALI #1814	DEZ, NESTOR IBU LAKES CIF FL 34119 US	RCLE			
	e named entity s e of Florida.	submits this statement for the pu	urpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	FERNANDEZ, N	AKES CIRCLE #1814	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VD ( ) HERNANDEZ, A 521 W 36 PLAC HIALEAH, FL 3	CE CONTRACTOR OF THE CONTRACTO	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TD () DIAZ, OSCAR 951 SW 68TH 0 MIAMI, FL 331		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SALGADO, JAII	STREET #D-276	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: NESTOR FERNANDEZ P 04/29/2006

( ) Delete

RODRIGUEZ, EDUARDO PR

1270 W. 42ND STREET #204

HIALEAH, FL 33012

() Change () Addition