

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/8/2008-90015-017-\$61.25-\$61.25

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66016143 9-22-08



07112008 Chg-NP CR2E037 (12/06)

DOCUMENT # N07000010527			
1. Entity Name JOSE MARTI PLAZA RESIDENT COUNCIL, INC			
Principal Place of Business 154 SW 17TH AVE., #307 MIAMI, FL 33135		Mailing Address 154 SW 17TH AVE., #307 MIAMI, FL 33135	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
FFI Number 74-3239279		Applied For Not Applicable	
5. Certificate of Status Desired		8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROQUES, CESAR G 154 SW 17TH AVE., #307 MIAMI, FL 33132 33135		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when releasing)</small>			
Filing Fee is \$61.25 Due by September 12, 2008		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 ROQUES, CESAR G <input type="checkbox"/> Delete	TITLE	PD ROQUES, CESAR G <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	154 SW 17TH AVE., #307	NAME	154 SW 17TH AVE #307
STREET ADDRESS	MIAMI, FL 33132 33135	STREET ADDRESS	MIAMI, FL 33135
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD FLEITES, CELESTE E <input type="checkbox"/> Delete	TITLE	TD FLEITES CELESTE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	154 SW 17TH AVE., #307	NAME	154 SW 17TH AVE #213
STREET ADDRESS	MIAMI, FL 33132 33135	STREET ADDRESS	MIAMI, FL 33135
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD ESTRADA, JOAQUIN <input checked="" type="checkbox"/> Delete	TITLE	TD LORENZO, ERMINDA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	154 SW 17TH AVE., #307	NAME	154 S.W. 17TH AVE. #211
STREET ADDRESS	MIAMI, FL 33132 33135	STREET ADDRESS	MIAMI, FL 33135
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	D SANCHEZ TERESA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	154 S.W. 17TH AVE #207
STREET ADDRESS		STREET ADDRESS	MIAMI, FL 33135
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	D SAINEZ, OSVALDO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	154 S.W. 17TH AVE #203
STREET ADDRESS		STREET ADDRESS	MIAMI, FL 33135
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 517, 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: <u>Cesar B. Roques</u>		8-6-2008	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	
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