

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N08000009601

1. Entity Name  
CORRIENTE AGRAMONTISTA, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 APR 26 AM 9:12

Principal Place of Business  
8021 SUNRISE LAKE DRIVE, #107  
SUNRIS, FL 33222

Mailing Address  
8021 SUNRISE LAKE DRIVE, #107  
SUNRIS, FL 33222

BK



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03122010 Chg-NP CR2E037 (11/08)

City & State

City & State

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

DE GOYTISOLO, AGUSTIN ESQ. *Assisted Secretary*  
600 BILTMORE WAY, #1205  
CORAL GABLES, FL 33134-7534  
COF

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

2. Filing Fee is \$61.25  
Due by May 1, 2010

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD JT  
ESCANDELL, JUAN  
8021 SUNRISE LAKE DRIVE, #107  
SUNRIS, FL 33222 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Eduardo Agramonte  
Calle 10 # 102-2  
1011 NW 117 Pl Miami FL 33182 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D Luis F. Fernandez Esq.  
15545 NW 82 Pl Miami Lakes  
FL 33014 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700181073947  
05/19/10--01004--004 \*\*272.50 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D Pedro Fuentes  
255 Alhambra Cir #520  
Coral Gables FL 33134 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D Santiago Gomez  
20130 Gough St Pl  
Cutter Bldg FL 33185 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D Salvador Hernandez  
1140 W 50th St #405  
Hialeah FL 33012 ☐ Delete

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

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

Date

Daytime Phone #

04/11/10 3:54030134