


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90038 038 \*\*\*\*70.00

|   |   |   |  |   |  |
|---|---|---|--|---|--|
| <b>DOCUMENT # N08647</b><br>1. Entity Name<br><b>ASOCIACION BORINCANOS UNIDOS DE FLORIDA, INC.</b>  |   |   |  |    |  |
| Principal Place of Business<br><b>2132 HOLLYWOOD BLVD<br/>HOLLYWOOD, FL 33020 US</b>  |   |   | Mailing Address<br><b>2132 HOLLYWOOD BLVD<br/>HOLLYWOOD, FL 33020 US</b> |   |  |
| 2. Principal Place of Business<br><i>Same</i>   |   | 3. Mailing Address<br><i>Same</i>   |  | 02052004 Chg-NP CR2E037 (10/03)<br><br>4. FEI Number<br><b>59-2573579</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input checked="" type="checkbox"/> Not Applicable         </div> |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |  |   |  |
| City & State  |   | City & State  |  |   |  |
| Zip   | Country   | Zip   | Country  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>PEREZ, MERCEDEZ<br/>9370 NW 34TH CT<br/>SUNRISE, FL 33351</b>   |   |   |  | 7. Name and Address of New Registered Agent<br>Name <b>Margarita R. Aviles</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>138 SW 24 Ave.</b><br>City <b>FTL</b> <b>FL</b> Zip Code <b>33312</b>  |  |
| 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.<br><br>SIGNATURE <i>Margarita R. Aviles</i> <span style="float: right;">2/9/04</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |   |  |   |  |
| Filing Fee is \$61.25<br>Due by May 1, 2004   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <div style="text-align: right;"> <b>Make check payable to<br/>Florida Department of State</b> </div>  |   |   |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br><del>MACHUGA, ISABELO</del><br><del>206 S ST GREEN ACRES</del><br><del>HALLANDALE, FL 33009</del>  | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | T<br><b>Rodriguez, Angel T.</b><br><b>4606 Highland Dr.</b><br><b>Tamara, FL 33319</b><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPD<br><del>AVILES, MARGARITA</del><br><del>138 SW 24 AVE</del><br><del>FORT LAUDERDALE, FL 33312</del> | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | VPD<br><b>Maria Plasencia</b><br><b>1211 N Golf Dr.</b><br><b>Hollywood, FL 33021</b><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br><del>CHARNEGO, LUCY</del><br><del>744 SW 113TH</del><br><del>PEMBROKE PINES, FL 33025</del>       | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | SD<br><b>Deborah Ramirez</b><br><b>319 NW 109 Ave</b><br><b>Pembroke Pines, FL, 33026</b><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br><del>PEREZ, MERCEDES</del><br><del>9370 NW 34TH CT</del><br><del>SUNRISE, FL 33351</del>          | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | PD<br><b>Margarita R. Aviles</b><br><b>138 SW 24 Ave.</b><br><b>FTL, FL 33312</b><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. |   |   |  |   |  |
| <b>SIGNATURE:</b> <i>Margarita R. Aviles</i> / <b>Margarita R. Aviles, Pres.</b> <span style="float: right;">2/9/04 954-584-6354</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |   |   |  |   |  |