


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90038 042 ****61.25

DOCUMENT # N08848					
1. Entity Name LOS FLORIDANOS SOCIAL CLUB, INC.					
Principal Place of Business 600 WEST 29TH ST %LOS FLORIDANOS S.C. HIALEAH FL 33012			Mailing Address 9949 NW 27TH TERR % ALBERTO M REYES MIAMI FL 33172		
2. Principal Place of Business			3. Mailing Address 9949 NW 27th. TERR.		
Suite, Apt. #, etc.			Suite, Apt. #, etc. C/O Alberto M. Reyes		
City & State			City & State DORAL, FL.		
Zip	Country	Zip	Country	4. FEI Number NO-T APPLICABLE	
33172	USA	33172	USA	Applied For Not Applicable	
6. Name and Address of Current Registered Agent REYES, ALBERTO M 9949 NW 27TH TERR MIAMI FL 33172				7. Name and Address of New Registered Agent	
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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					
TITLE	PD	<input checked="" type="checkbox"/> Delete			
NAME	SANTAMRIA, ENRIQUE				
STREET ADDRESS	4525 WEST 20 AVE #429 C				
CITY-ST-ZIP	HIALEAH FL 33012				
TITLE	VP	<input checked="" type="checkbox"/> Delete			
NAME	FULGUEIRAS, MARIO				
STREET ADDRESS	908 SW 139 PLACE				
CITY-ST-ZIP	MIAMI FL 33184				
TITLE	SD	<input type="checkbox"/> Delete			
NAME	CASTILLO, MARCOS				
STREET ADDRESS	901 SW 139TH PLACE				
CITY-ST-ZIP	MIAMI FL 33184				
TITLE	VS	<input checked="" type="checkbox"/> Delete			
NAME	DACAL, JOSE				
STREET ADDRESS	1975 WEST 44 PLACE #502 A				
CITY-ST-ZIP	HIALEAH FL 33012				
TITLE	TD	<input checked="" type="checkbox"/> Delete			
NAME	CELSO, GUITIAN				
STREET ADDRESS	6301 COLLINS AVE. #1405				
CITY-ST-ZIP	MIAMI FL 33141				
TITLE	VT	<input checked="" type="checkbox"/> Delete			
NAME	REYES, ALBERTO M				
STREET ADDRESS	9949 NW. 27TH TERR.				
CITY-ST-ZIP	MIAMI FL 33122				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Fulgueira, Mario				
STREET ADDRESS	908 SW 139 Place				
CITY-ST-ZIP	Miami, Fl. 33184				
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Estrada, Manuel				
STREET ADDRESS	1241 East 8th. Ave.				
CITY-ST-ZIP	Hialeah, Fl. 33010				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Leal, Eneido				
STREET ADDRESS	60 East 11th. Street				
CITY-ST-ZIP	Hialeah, Fl. 33010				
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Reyes, Alberto				
STREET ADDRESS	9949 NW 27th. Terr.				
CITY-ST-ZIP	Doral, Fl. 33172				
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Alvarez, Roberto				
STREET ADDRESS	323 East 61 Street				
CITY-ST-ZIP	Hialeah, Fl. 33010				

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.

SIGNATURE:  **ALBERTO M. REYES** **3-29-2004** **305-593-2150**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #