

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

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90334 047 \*\*\*\*61.25

**DOCUMENT # N13550**

1. Entity Name

AGRUPACION SOCIAL PORTOPADRENSE, INC.



Principal Place of Business

AGRUPACION SOCIAL PORTOPADRENSE, INC.  
1075 SW 45TH AVE  
MIAMI FL 33134  
US

Mailing Address

AGRUPACION SOCIAL PORTOPADRENSE, INC.  
1075 SW 45TH AVE  
MIAMI FL 33134  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-0054632

Applied For

Not Applicable

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

AUED, RAUL  
1075 SW 45TH AVE.  
MIAMI FL 33134

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | PD                    | <input checked="" type="checkbox"/> Delete |
| NAME           | FERNANDEZ, ALFONSO SR |  |
| STREET ADDRESS | 2981 SW 141 CT        |  |
| CITY- ST- ZIP  | MIAMI FL 33175        |  |
| TITLE          | SD                    | <input type="checkbox"/> Delete            |
| NAME           | AUED, RAUL            |  |
| STREET ADDRESS | 1075 S.W. 45TH AVE.   |  |
| CITY- ST- ZIP  | MIAMI, FL. 33125      |  |
| TITLE          | TD                    | <input checked="" type="checkbox"/> Delete |
| NAME           | MORELL, AMADO SR      |  |
| STREET ADDRESS | 665 E 9TH CT          |  |
| CITY- ST- ZIP  | HIALEAH FL 33010      |  |
| TITLE          | VT                    | <input checked="" type="checkbox"/> Delete |
| NAME           | BATISTA, MARIO G      |  |
| STREET ADDRESS | 414 NW 25 CT          |  |
| CITY- ST- ZIP  | MIAMI FL 33125        |  |
| TITLE          | VP                    | <input type="checkbox"/> Delete            |
| NAME           | TARIN, FERNANDO SR    |  |
| STREET ADDRESS | 4531 SW 132 AVE       |  |
| CITY- ST- ZIP  | MIAMI FL 33175        |  |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY- ST- ZIP  |                       |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                        |  |
|----------------|------------------------|--|
| TITLE          |                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Hermilio Concepcion    |  |
| STREET ADDRESS | 1730 S.W. 137 Court    |  |
| CITY- ST- ZIP  | Miami, Fl. 33174       |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY- ST- ZIP  |                        |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | Alfonso Fernandez, SR. |  |
| STREET ADDRESS | 2981 S.W. 141 Court    |  |
| CITY- ST- ZIP  | Miami, Fl. 33175       |  |
| TITLE          |                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Rafael W. Villegas     |  |
| STREET ADDRESS | 1635 S.W. 71st Ol.     |  |
| CITY- ST- ZIP  | Miami, Fl. 33155       |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY- ST- ZIP  |                        |  |

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:** RAUL AUED *Raul Aued*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/04 305 448-9873

Date

Daytime Phone #