

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90072 020 \*\*\*\*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



1st MOORE

CR2E037 (10/04)

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, 2005**

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	CONCEPCION, HERMILIO	
STREET ADDRESS	1730 SW 137 COURT	
CITY-ST-ZIP	MIAMI FL 33174	
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 type="checkbox"/> Delete
NAME	FERNANDEZ, ALFONSO SR	
STREET ADDRESS	2981 SW 141 COURT	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	VILLEGAS, RAFAEL W	
STREET ADDRESS	1635 SW 71 OL.	
CITY-ST-ZIP	MIAMI FL 33155	
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	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rafael W. Villegas	
STREET ADDRESS	1635 S.W. 71 PL.	
CITY-ST-ZIP	Miami, Fl. 33175	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amado Morell, Sr.	
STREET ADDRESS	665 E. 9th. Court	
CITY-ST-ZIP	Hialeah, Fl. 33010	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Raul Ayed*

305 448 9873