

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N13550

1. Entity Name

AGRUPACION SOCIAL PORTOPADRENSE, INC.



FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90023 031 ****61.25

Principal Place of Business Mailing Address
AGRUPACION SOCIAL PORTOPADRENSE, INC. AGRUPACION SOCIAL PORTOPADRENSE, INC.
1075 SW 45TH AVE 1075 SW 45TH AVE
MIAMI FL 33134 MIAMI FL 33134
US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	NAME	STREET ADDRESS	CITY ST ZIP	Delete
PD	VILLEGAS, RAFAEL W	1635 SW 71 PL	MIAMI FL 33175	<input checked="" type="checkbox"/>
SD	AUED, RAUL	1075 S.W. 45TH AVE.	MIAMI, FL. 33125	<input type="checkbox"/>
TD	FERNANDEZ, ALFONSO SR	2981 SW 141 COURT	MIAMI FL 33175	<input type="checkbox"/>
VT	MORELL SR, AMADO	665 E 9TH CRT	HIALEAH FL 33010	<input type="checkbox"/>
VP	TARIN, FERNANDO SR	4531 SW 132 AVE	MIAMI FL 33175	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	Change	Addition
	Hermilio Concepcion	1730 S.W. 137 Court	Miami, Fl. 33174	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Raul Auad*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/07

Date

305 448-9873
Daytime Phone #