

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 25, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # N16729**

1. Entity Name  
**MUNICIPIO DE SAN JUAN DE LOS YERAS INC.**



Principal Place of Business  
**C/O JEFFEREY A. NAVARRO  
13946 S.W. 13TH STREET  
MIAMI, FL 33184-3523**

Mailing Address  
**C/O JEFFEREY A. NAVARRO  
13946 S.W. 13TH STREET  
MIAMI, FL 33184-3523**



03162005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**NAVARRO, JEFFREY A  
13946 S.W. 13TH STREET  
MIAMI, FL 33184-3523**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DVP
NAME	AGUILA, JORGE
STREET ADDRESS	2262 WEST 74ST #101
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	DS
NAME	PEREZ, MARIA E.
STREET ADDRESS	6159 W.FLADLER #104
CITY-ST-ZIP	MIAMI, FL
TITLE	DT
NAME	ORAMA, ARTURO
STREET ADDRESS	1000 COLONY PT., BLDG.2, #209
CITY-ST-ZIP	PEMBROKE PINES, FL 33026
TITLE	DP
NAME	NAVARRO, JEFFREY A
STREET ADDRESS	13945 S.W. 13TH STREET
CITY-ST-ZIP	MIAMI, FL 331843523
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/05-80046-021 61.25

**DO NOT WRITE  
IN THIS SPACE**

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

**Jeffrey A. Navarro**

**April 20, 2005**

**(305) 863-9094**

Date

Daytime Phone #