

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

FILED

**Mar 04, 2005 08:00 AM
Secretary of State**

DOCUMENT # N17808

1. Entity Name

MOTHERS, SISTERS, WIVES AND DAUGHTERS OF BAY
OF PIG'S VETERANS, BRIGADE 2506 INC.



Principal Place of Business

2470 N.W. 14 ST.
MIAMI, FL 33125-2106

Mailing Address

2470 N.W. 14 ST.
MIAMI, FL 33125-2106



01202005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2779372

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, MAGALI E.
2470 N.W. 14 ST.
MIAMI, FL 33125-2106

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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 P
NAME FERNANDEZ, MAGALI E.
STREET ADDRESS 2470 N.W. 14 ST.
CITY - ST - ZIP MIAMI, FL 33125

TITLE VTD
NAME ROCCO, ESTHER
STREET ADDRESS 3526 S.W. 11ST
CITY - ST - ZIP MIAMI, FL 33148

TITLE SD
NAME FERNANDEZ, MIRTA
STREET ADDRESS 2470 N.W. 14 ST.
CITY - ST - ZIP MIAMI, FL 331252106

TITLE TD
NAME FERNANDEZ, MARTA
STREET ADDRESS 2014 SW 17 TERR
CITY - ST - ZIP MIAMI, FL 33145

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000250463
03/04/05-80012-004 70.00

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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)(f), 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

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #