2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 08:00 AM
Secretary of State

70.00

DOCUMENT # N17808

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

Principal Place of Business	Mailing Address
2470 N.W. 14 ST. MIAMI, FL 33125-2106	2470 N.W. 14 ST. MIAMI, FL 33125-2106

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01252004 No Chg-NP CR2E037 (10/03)

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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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 Magali E Fernandez Magali E. Fernandez 03/21/04
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, 2004

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	

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04/19/06-80024-007 61.25

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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: Magali E Fernandez P/D 03/21/04 (305) 798-3744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #