

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 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**



02282007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2779372	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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**

**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, 2007**

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	

**DO NOT WRITE
IN THIS SPACE**

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05/14/07-80019-022 70-00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/07 P. 001