2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 25, 2004 08:00 AM Secretary of State  Feb 26, 2004 08:00 AM Secretar		<u>1</u>	ANNUAL	. REPO	FILED							
Principal Place of Business  ST TAMAMI BLVD. MAN F F, 33144  2. Principal Place of Business  Size Apr. F, etc	DOCUMENT # N19996  1. Entity Name							Feb 25, 2004 08:00 AM				
2. Principal Purce of Business  Sure, Apr. F. etc.  Sure, Apr. F.	FLAGAMI AND WEST MIAMI ACTIVITYY CENTER, INC.							) 	Secretary	y of Sta	ıe	
## MAM FL 33144  2. Principal Place of Business  Sette, Apr. F, etc.  Subs, Apr. E, et	Principal Plac	e of Business	s	Mailin	Mailing Address				manara in the same of the	5 a e	· • • • • • • • • • • • • • • • • • • •	
Surte, Apt. #, etc.  City & State  City & State  Country  Zip  Country  S. Certificate of Status Desired  SS.75 Additional Properties  SS.75 Additional Properties  SS.75 Additional Properties  SS.75 Additional Properties  Applications of Cognitive of Agent  Applications of Cognitive of Agent  Applications of Cognitive of Agent  Since Additional (P.O. Box Number is Not Accoptable)  SINCE Additional Properties and Additional of Properties and Additional Office of Registered Agent  Since Additional (P.O. Box Number is Not Accoptable)  SINCE Additional Properties and Additional Office of Registered agent, or boilt, in the Solid of Florida. I am familiar with, and accept serve obligations of Cognitive of Agent Properties of Cognitive Agent.  SINCE Additional Properties and Additional Properties of Cognitive Agent.  SINCE Additional Properties and Additional Properties								RUIO AUGO INITE AUGO NIA DAUG	MINIT NINIT NINIT NEWET NE	FRE II ICH		
Cry & State  Country  Zo  Country  Zo  Country  So. Certificate of Status Dealing  Fee Regulated  Fee Regulated  Street Address of Current Registered Agent  The above named sinity submits the statement for the purpose of changing its registered agent, or boilt, in the State of Florida. I am familiar with, and accept the deligations of regulatered agent.  Cay  FL Zo Country  Street Address (P.O. Box Number is Not Acceptable)  Street Address of Population of Registered Agent agent agent agent agent and till agestable.  Cay  FL Zo Country  Street Address of Population of Registered agent.  Street Address (P.O. Box Number is Not Acceptable)  FILE NOW: FEE IS \$61,25  Due By May 1, 2014  FILE NOW: FEE IS \$61,25  Due By May 1, 2014  Trust Fund Contribution.  Street Address of Population agent agent agent agent agent and till agestable.  FILE NOW: FEE IS \$61,25  Due By May 1, 2014  Trust Fund Contribution.  ADDITIONS/CHANGES 10 OFFICIENS AND DIRECTORS IN 10  Trust Fund Contribution.  ADDITIONS/CHANGES 10 OFFICIENS AND DIRECTORS IN 10  Trust Fund Contribution.  Make  POPULATION OFFICIENT AND DIRECTORS IN 10  Trust Fund Contribution.  Trust Fund Contribu			iess									
20 Country Zo Country S. Certificate of Startup Desiries Legislaterial Agent T. Name and Address of Current Registered Agent T. Name and Address of Now Re									OORE CR2	<u> </u>		
O. Name and Address of Current Registered Agent  VAZQUEZ, ANGELA 25 TAMIAM BLVD MIAMI FL 33144  City  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing five registered director or registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW: FEE IS \$61.25  Due By May 1, 2004  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  PUD  OFFICERS AND DIRECTORS IN 10  TITLE  OFFICERS AND DIRECTORS IN 10  OFFICERS AND DIRECTORS IN 10  TITLE  OFFICERS AND DIRECTORS IN 10  TITLE  OFFICERS AND DIRECTORS IN 10  TITLE  OFFICERS AND DIRECTORS IN 10  TITLE  OFFICERS AND DIRECTORS IN 10  OFFIC					·			4. FEI Number 5	9-2102294	No.	ot Applicable	
Name Street Address (P.O. 5ox Number is Not Acceptable)  Name Street Address (P.O. 5ox Number is Not Acceptable)  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  PILE NOW: FEE IS \$61.25 Due By May 1, 2004  PILE NOW: FEE IS \$61.25 Due By May 1, 2004  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO PRIFERRA AND DIRECTORS IN 10  TIT! NAME PENEDO, ARMANDO A. PENEDO, ARM	2 ip						ıntry	Fee Required				
25 TAMIAMI BLVD MIAMI FL 33144  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:    City   FL   Zip Code								7. Name and Add	ress of New Register	red Agent	<del></del>	
R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signatu	VAZQUEZ, ANGELA 25 TAMIAMI BLVD							(P.O. Box Number is !	Not Acceptable)			
SIGNATURE  Signature of registered agent.  FILE NOW: FEE IS \$61.25  Due By May 1, 2004  Die By May 1, 2004  Signature of the By May 1, 2004  Die By May 1, 2004  Die By May 1, 2004  Signature of Pees  File Now: File IS \$61.25  Due By May 1, 2004  Die By May 1, 2004  Die By May 1, 2004  Signature of Pees  Make Check Payable to Florida Department of State  Florida Department of State  Florida Department of State  Die By May 1, 2004  Die By May 2, 2004  Die By May 1, 2004  Die By May 2, 2004  Die By May 1, 2004  Die By May 1, 2004  Die By May 2, 2004  Die By May 2, 2004  Die By May 3, 2004  Die By May 2, 2004  Die By May 3, 2004  Die By May 4, 2004  Die By May 4, 2004  Die By May 5, 2004  Die By May 6, 2004  Die By May 6							City			FL Zip Cod	ie	
SUMMAN PROPERTY ADDRESS   SUBSTANCES   SUB	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.											
Trust Fund Contribution. Added to Fees Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME STRET ADDRESS CITY-ST-2P  TITLE VZOUCZ, VICENTE VAZQUEZ, VICENTE VAZQUEZ, VICENTE VID HORSTMANN, MARIA SIRET ADDRESS CITY-ST-2P  TITLE NAME SIRET												
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CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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:  \$\frac{\text{CITY-ST-ZIP}}{\text{CITY-ST-ZIP}} \text{305 AGI-B2CQ}\$				~	☐ Delete	1				☐ Change	☐ Addition	
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