

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N22490

1. Entity Name
**FEDERACION SINDICAL DE LAS PLANTAS ELECTRICAS,
GAS Y AGUA, INC.**



Principal Place of Business
**7191 SW 8TH ST.
MIAMI, FL 33144 US**

Mailing Address
**7191 SW 8TH ST.
MIAMI, FL 33144 US**



04282006 No Chg-NP

CR2E037 (4/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0010155

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DIAZ, RENE L
350 TAMiami BLVD
MIAMI, FL 33144**

**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 resigning)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, RENE L 350 TAMiami BLVD MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DE ACOSTA, GIL MATEO 1701 SW 125 COURT MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAMPOS, CALIXTO 205 SW TAMiami CANAL RD. MIAMI, FL 33144
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/13/06-80057-021 61.25

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IN THIS SPACE**

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

4/28/06 305-262-7990
Date Daytime Phone #