

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

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N23642

1. Entity Name
SPANISH INTERGROUP OF SOUTH FLORIDA, INC.



Principal Place of Business

**1770 WEST FLAGLER ST
SUITE 4
MIAMI, FL 33135 US**

Mailing Address

**1770 WEST FLAGLER ST
SUITE 4
MIAMI, FL 33135 US**



04272005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0296138

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LARIOS, EDUARDO L
9610 SW 159TH ST.
MIAMI, FL 33157**

**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

4/27/05

**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	PD
NAME	LARIOS, EDUARDO L
STREET ADDRESS	9610 SW 159TH ST.
CITY - ST - ZIP	MIAMI, FL 33157
TITLE	SD
NAME	NICARAGUA, FRANCISCO
STREET ADDRESS	1917 SW 107TH AVE., #707
CITY - ST - ZIP	MIAMI, FL 33165
TITLE	TD
NAME	CISNEROS, ALCIDES
STREET ADDRESS	1925 SW 118TH CT., #135
CITY - ST - ZIP	MIAMI, FL 33175

U00000358709
05/04/05-80126-010 61.25

**DO NOT WRITE
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/05 (305) 553-6231