

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90312 040 \*\*\*\*61.25

**DOCUMENT # N26284**

1. Entity Name  
**JOSE MARTI SCHOLARSHIP FOUNDATION (BECAS  
JOSE MARTI), INC.**



Principal Place of Business

**2000 NW 92 AVE.  
MIAMI, FL 33172 US**

Mailing Address

**2000 NW 92 AVE.  
MIAMI, FL 33172 US**

**DO NOT WRITE IN THIS SPACE**



03102006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**NOT APPLICABLE**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BADIA, ARNHILDA  
600 BILTMORE WAY  
#414  
MIAMI, FL 33134**

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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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BADIA, ARNHILDA
STREET ADDRESS	600 BILTMORE WAY, #414
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	VD
NAME	ORTEGA, JOSE
STREET ADDRESS	2000 NW 92ND AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	TD
NAME	FERRER, ELISEO
STREET ADDRESS	175 FONTANBLEAU BLVD. #2E
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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

**4/3/06 (305) 527-2343**

Date

Daytime Phone #