


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
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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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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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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: *Arnhilda Badia* **4/3/06 (305) 527-2343**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #