2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State
02-27-2008 90019 001 ****61.25

DOCUMENT # N29041

1. Entity Name
FARO DEL EMIGRANTE NO. 69, INC.

Principal Place of Business	Mailing Address
7308 NW 34TH ST. MIAMI, FL 33122 US	5590 W 8TH CT HIALEAH, FL 33012-2411

01312008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-0118564
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, MARIO R
5590 WEST 8TH COURT
HIALEAH, FL 33012

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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, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GONZALEZ, MARIO R.
STREET ADDRESS	55-90 8TH COURT
CITY-ST-ZIP	HIALEAH, FL
TITLE	~~D~~
NAME	~~ROMERO, JESUS~~
STREET ADDRESS	~~985 W 36 ST~~
CITY-ST-ZIP	~~HIALEAH, FL~~
TITLE	D
NAME	MACHADO, JOSE R.
STREET ADDRESS	971 E. 32ND. ST.
CITY-ST-ZIP	HIALEAH, FL
TITLE	D
NAME	DANIEL COLON
STREET ADDRESS	4511 NW 170TH STREET
CITY-ST-ZIP	MIAMI-GARDENS, FL 33055
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: Mario R. Gonzalez 2/20/08 305 733 8907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #