


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N30819 1. Entity Name PUERTO RICO NATIONAL BAR ASSOCIATION, INC.	
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Principal Place of Business 911 NORTH MAIN STREET SUITE 5 KISSIMMEE, FL 34744 US	Mailing Address 911 NORTH MAIN STREET SUITE 5 KISSIMMEE, FL 34744 US
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DO NOT WRITE IN THIS SPACE



07302004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0121033	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TORRES, ALFREDO 911 N. MAIN STREET KISSIMMEE, FL 34744

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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 _____
Signature, typed, printed name of registered agent and fee if applicable. (STATE Registered Agent Signature required when changing) DATE

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000169204 08/02/04-80015-001 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PO TORRES, ALFRED 911 NORTH MAIN STREET KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY ST ZIP	VD MARZULU, RONALD 911 NORTH MAIN STREET, SUITE 5 KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY ST ZIP	TD DAVILA, LOUIS 911 N. MAIN ST. STE 5 KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	SD QUINONEZ, JUAN PABLO 419 BROADWAY ST. KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	D NOVOA, DAVID 561 NORTHEAST 79TH STREET, SUITE 210 MIAMI, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	D NOYLA, JULIO 8150 SOUTHWEST 8TH STREET, SUITE 219 MIAMI, FL

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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

7/30/04 407-933-0307