

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31670

FILED
Apr 04, 2005
Secretary of State

Entity Name: DIRECTORIO LIBERAL COLOMBIANO DE LA FLORIDA, INC.

Current Principal Place of Business:

9735 NW 52 ST
#222
MIAMI, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

9735 NW 52 ST
#222
MIAMI, FL 33178 US

New Mailing Address:

FEI Number: 65-0442594 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ESCALLON, DANIEL
9735 NW 52 ST
#222
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DURAN, EDUARDO
Address: 7971 NW 40 ST
City-St-Zip: MIAMI, FL 33155

Title: VD () Delete
Name: ESCALLON, DANIEL
Address: 9735 NW 52 ST
City-St-Zip: MIAMI, FL 33178

Title: VD () Delete
Name: LEON, NIDIA
Address: 105 DEER PATH CT.
City-St-Zip: WESTON, FL 33326

Title: SD () Delete
Name: SANMIGUEL, LUIS
Address: 7971 SW 40 ST
City-St-Zip: MIAMI, FL 33155

Title: TS () Delete
Name: ESCALLON, DANIEL
Address: 9735 NW 52 ST
City-St-Zip: MIAMI, FL 33178

Title: P () Delete
Name: GOMEZ, JEANNETTE
Address: 7745 SW 183 TERR
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL ESCALLON

VP

04/04/2005

Electronic Signature of Signing Officer or Director

Date