

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90037 044 ****61.25

DOCUMENT # N32001

1. Entity Name
MIGRANT ASSOCIATION OF SOUTH FLORIDA, INC.



Principal Place of Business
**8645 W BOYNTON BEACH BLVD
BOYNTON BEACH, FL 33437 US**

Mailing Address
**8645 W BOYNTON BEACH BLVD
BOYNTON BEACH, FL 33437 US**

24008707



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0149423

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RETAMAR, RICHARD E ESQ
2424 NORTH FEDERAL HWY STE 460
BOCA RATON, FL 33431**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004**

9. Election Campaign Financing-
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **ASENSIO, CARIDAD**
STREET ADDRESS **1345 N.E. 5TH AVENUE**
CITY-ST-ZIP **BOCA RATON, FL**

TITLE **PD** ☐ Delete
NAME **BERRY, CONSTANCE**
STREET ADDRESS **3372 FOREST HILL BLVD C-141**
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

TITLE **TD** ☐ Delete
NAME **MAINGOT, DAPHNE**
STREET ADDRESS **21301 POWERLINE RD # 204**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE **VPD** ☐ Delete
NAME **TORRES, LUIS**
STREET ADDRESS **8645 W BOYNTON BCH BLVD**
CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE **SD** ☐ Delete
NAME **SPEED, MARIE**
STREET ADDRESS **6413 CONGRESS AVE**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Luis A. Torres V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-04 **SEI 7376336**
Date Daytime Phone #