


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 22, 2005 08:00 AM
Secretary of State**

DOCUMENT # N33258 1. Entity Name INTER-AMERICAN MUSIC FESTIVAL OF FLORIDA, INC.	
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Principal Place of Business C/O DR. VELIA YEDRA CHRUSCZ 6361 S.W. 16TH TERRACE MIAMI, FL 33155	Mailing Address C/O DR. VELIA YEDRA CHRUSCZ 6361 S.W. 16TH TERRACE MIAMI, FL 33155
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04132005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0161651	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHRUSCZ, VELIA YEDRA DR. 6361 S.W. 16TH TERRACE MIAMI, FL 33155

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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 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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRUSCZ, VELIA YEDRA DR 6361 S.W. 16TH TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YEDRA, JOSE 8165 W 9TH AVE HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YEDRA, MARTHA 9631 SW 79TH ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000324598 04/22/05-80100-008 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Velia Yedra Chruszcz* Velia Yedra Chruszcz 4/22/05 (305) 261-4028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #