

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36091

FILED
Jan 04, 2005
Secretary of State

Entity Name: FLORES FOUNDATION, INC.

Current Principal Place of Business:

4015 CARROLLWOOD VILLAGE DR
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

4015 CARROLLWOOD VILLAGE DR
TAMPA, FL 33618 US

New Mailing Address:

FEI Number: 59-2981483

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORES, ARMANDO
4015 CARROLLWOOD VILLAGE DRIVE
TAMPA, FL 33618 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: FLORES, ARMANDO
Address: 4015 CARROLLWOOD VILL DR
City-St-Zip: TAMPA, FL 33618 US

Title: SD () Delete
Name: FLORES, JUDITH K
Address: 4015 CARROLLWOOD VILL DR
City-St-Zip: TAMPA, FL 33618 US

Title: VD () Delete
Name: FLORES III, ARMANDO
Address: 16911 NIKKI LANE
City-St-Zip: ODESSA, FL 33556 US

Title: VD () Delete
Name: CORDOVA, ALISHA M
Address: 3741 WHISPERING WIND AVENUE
City-St-Zip: TAMPA, FL 33614

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
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: ARMANDO FLORES

P

01/04/2005

Electronic Signature of Signing Officer or Director

Date