

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 16, 2006 08:00 AM
Secretary of State**

DOCUMENT # N37588

1. Entity Name
MEXICAN AMERICAN COUNCIL, INC.



Principal Place of Business
**P.O. BOX 343546
FLORIDA CITY, FL 33034-0546**

Mailing Address
**P.O. BOX 343546
FLORIDA CITY, FL 33034-0546**



02132006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
65-0194318

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JONES, JESSE C
7605 SW 125 ST.
MIAMI, FL 33156**

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	MAGGARD, ARVIN H
STREET ADDRESS	8923 SW 67 AVE
CITY-ST-ZIP	MIAMI, FL 33158
TITLE	S
NAME	CURRIE, ELIZABETH
STREET ADDRESS	546 SW 2 ST
CITY-ST-ZIP	FLORIDA CITY, FL 33034
TITLE	D
NAME	GARZA, CIPRIANO
STREET ADDRESS	101 NE 19 ST
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	D
NAME	CURRIE, CHARLES
STREET ADDRESS	546 SW 2 ST
CITY-ST-ZIP	HOMESTEAD, FL 33034
TITLE	V
NAME	DELEON, ARTURO
STREET ADDRESS	25700 SW 212 AVE
CITY-ST-ZIP	HOMESTEAD, FL 33031
TITLE	P
NAME	GARZA, MARIA
STREET ADDRESS	101 NE 19 ST
CITY-ST-ZIP	HOMESTEAD, FL 33030

000000436383
02/27/06-80034-017 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Arvin H. Maggard
ARVIN H. MAGGARD

Date

Daytime Phone #

2-13-06 305-667-0240