

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N42520

1. Entity Name
GRUPO CIVICO MILITAR, INC.



Principal Place of Business
**13902 DENELL LANE
TAMPA, FL 33624 US**

Mailing Address
**P O BOX 273807
TAMPA, FL 33688-3807 US**

DO NOT WRITE IN THIS SPACE



03162004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3069851

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**O'NAGHTEN, JUAN T.
2665 SOUTH BAYSHORE DRIVE
SUITE 1100
MIAMI, FL 33133**

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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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000097216

03/26/04-80030-013 70.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RODRIGUEZ, ORLANDO P.
13902 DENELL LANE
TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MARTINEZ, REYNALDO G.
4750 S.W. 84TH AVENUE
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MONTES, JUAN A
7700 SW 142 AVE
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: *Orlando P. Rodriguez* ORLANDO P. RODRIGUEZ, 22 March 2004 (813) 968-7479

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #