


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90033 044 ****61.25

DOCUMENT # N44203	
1. Entity Name SPANISH-AMERICAN VETERANS ASSOCIATION, INC.	

Principal Place of Business P. O. BOX 447 MELBOURNE, FL 32902	Mailing Address P. O. BOX 447 MELBOURNE, FL 32902
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40010407



01102005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3063873

Applied For
☐ Not Applicable

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	
RODRIGUEZ, RAFAEL 260 BUTLER AVE NE PALM BAY, FL 32905		Name MANUEL A. VELEZ	
		Street Address (P.O. Box Number is Not Acceptable) 160 WICKHAM LAKES DR.	
		City VIERA	
		FL Zip Code 32940	

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. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RODRIGUEZ, RAFAEL			NAME	MANUEL A. VELEZ		
STREET ADDRESS	260 BUTLER AVE NE			STREET ADDRESS	160 WICKHAM LAKES DR.		
CITY-ST-ZIP	PALM BAY, FL 32905			CITY-ST-ZIP	VIERA, FL 32940		
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROMERO, MANUEL A			NAME	FRANK ROMERO		
STREET ADDRESS	160 WICKHAM LAKES DR			STREET ADDRESS	178 NEMO CIR		
CITY-ST-ZIP	MELBOURNE, FL 32940			CITY-ST-ZIP	PALM BAY, FL 32907		
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLON-ROBLES, CARLOS A			NAME			
STREET ADDRESS	918 YUMA ST SE			STREET ADDRESS			
CITY-ST-ZIP	PALM BAY, FL 32909			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEDRAZA, RAFAEL			NAME			
STREET ADDRESS	1895 BLAINE ST. N.E.			STREET ADDRESS			
CITY-ST-ZIP	PALM BAY, FL			CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FLORES, JORGE			NAME	MAXIMO SANTORY		
STREET ADDRESS	698 DAVIDSON STREET			STREET ADDRESS	171 SALMON DR. NE		
CITY-ST-ZIP	PALM BAY, FL 32909			CITY-ST-ZIP	PALM BAY FL 32907		
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ISAUL, VELEZ F			NAME			
STREET ADDRESS	3190 FORREST CREEK DR.			STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE, FL 32901			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: Manuel A. Velez 1/20/05 321-751-1550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #