

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

FILED

**Jul 07, 2005 08:00 AM
Secretary of State**

DOCUMENT # N46510

1. Entity Name
I F A ASSOCIATION OF MIAMI, INC.



Principal Place of Business

**4110 NW 192ND ST
CAROL CITY, FL 33055**

Mailing Address

**4110NW 192ND ST
CAROL CITY, FL 33055 US**



07032005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PENA, REINALDO
4110 NW 192ND ST. NORTH
CAROL CITY, FL 33055**

**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 September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
REINALDO PENA
4110 NW 25TH AVE
CAROL CITY, FL 33055**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PENA, REINALDO JR
4110 NW 192ND ST
MIAMI, FL 33055**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
CARDENAS, PEDRO
14735 SW 84 TERR
MIAMI, FL 33193**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
HERNANDEZ, JOSE
14913 SW 67 LANE
MIAMI, FL 33193**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PENA, ARTURO
4110 NW 192 ST
MIAMI, FL 33055**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000371381
07/07/05-80016-015 61.25

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-3-05. 305 625 4503