# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 22, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # N48676

1. Entity Name
ASOCIACION DE VECINOS DE CATALINA Y SUS BARRIOS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 13741 SW 15 ST<br>MIAMI, FL 33184 US | 13741 SW 15 ST<br>MIAMI, FL 33184 US |

01192004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
65-1115532
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BAIZA, CARIDAD
13741 SW 15 ST
MIAMI, FL 33184

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | LIMA-EXPOSITA, MARIA A |
| STREET ADDRESS | 11751 SW 15 ST |
| CITY-ST-ZIP | MIAMI, FL |
| TITLE | VP |
| NAME | BAIZA, CARIDAD R |
| STREET ADDRESS | 13741 SW 15 ST |
| CITY-ST-ZIP | MIAMI, FL |
| TITLE | S |
| NAME | ALONSO, RAQUEL |
| STREET ADDRESS | 3700 E 8TH ST |
| CITY-ST-ZIP | HIALEAH, FL |
| TITLE | T |
| NAME | RODRIGUEZ, LORENZO |
| STREET ADDRESS | 2121 N.W. 1 TERRACE |
| CITY-ST-ZIP | MIAMI, FL |
| TITLE | TD |
| NAME | GONZALEZ, FELIX |
| STREET ADDRESS | 4024 NW 5 ST |
| CITY-ST-ZIP | MIAMI, FL |
| TITLE | D |
| NAME | OLIVA, ALICIA |
| STREET ADDRESS | 660 E 10 PL |
| CITY-ST-ZIP | HIALEAH, FL |

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01/22/04-80033-011 61.25

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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:** Maria A. Lima President 1/19/03 305-553-3748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #