

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N48676**

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



Principal Place of Business  
**13741 SW 15 ST  
MIAMI, FL 33184 US**

Mailing Address  
**13741 SW 15 ST  
MIAMI, FL 33184 US**



01152008 No Chg-NP

CR2E037 (4/06)

**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

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, 2008**

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  
**P  
LIMA-EXPOSITA, MARIA A  
11751 SW 15 ST  
MIAMI, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
BAIZA, CARIDAD R  
13741 SW 15 ST  
MIAMI, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
ALONSO, RAQUEL  
3700 E 8TH ST  
HIALEAH, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
RODRIGUEZ, LORENZO  
2121 N.W. 1 TERRACE  
MIAMI, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
GONZALEZ, FELIX  
4024 NW 5 ST  
MIAMI, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
OLIVA, ALICIA  
660 E 10 PL  
HIALEAH, FL**

UD00000811119  
02/11/08-80013-025 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Maria A. Lima*  
**Maria A. Lima**

*1/16/08*  
**1/16/08 786-493-2918**  
Date Daytime Phone #