

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # N49087

1. Entity Name
MANANTIAL DE AGUAS VIVAS, INC.



Principal Place of Business
**POST OFFICE BOX 35-1116
MIAMI, FL 33135**

Mailing Address
**POST OFFICE BOX 35-1116
MIAMI, FL 33135**



03312005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0403576

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHWARTZ, MARIA R.
158 SOUTHWEST 96TH COURT
MIAMI, FL 33174**

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHWARTZ, MARIA
STREET ADDRESS	158 SW 96TH CT.
CITY-ST-ZIP	MIAMI, FL
TITLE	VD
NAME	ORTIZ, OLGA
STREET ADDRESS	5131 SW 1ST ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	TD
NAME	DEARMAS, ALICIA
STREET ADDRESS	1050 PALERMO AVE.
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	VD
NAME	ORTIZ, ROSELO
STREET ADDRESS	5131 SW 1ST ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000289225
04/06/05-80019-002 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:

Alicia de Armas

Alicia de Armas

4-1-05

305/372-1711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #