


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 09, 2004 8:00 am**  
**Secretary of State**

06-09-2004 90218 001 \*\*\*\*61.25

06-09-2004 90218 002 \*\*\*\*\*8.75

<b>DOCUMENT # N51220</b>	
1. Entity Name <b>PARTIDO SOCIAL REVOLUCIONARIO DEMOCRATICO INC.</b>	

Principal Place of Business <b>920 NW 24TH COURT MIAMI, FL 33125 US</b>	Mailing Address <b>P.O. BOX 351081 MIAMI, FL 33135 US</b>
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**66427565**



2. Principal Place of Business <b>920 NW 24 CT</b>	3. Mailing Address <b>P.O. Box 351081</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04212004 Chg-NP CR2E037 (10/03)

City & State <b>Miami FL</b>	City & State <b>Miami FL 33135</b>
Zip <b>33125</b>	Zip <b>33135</b>
Country <b>US</b>	Country <b>US</b>

4. FEI Number <b>65-0364551</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>SIMEON, ROBERTO 920 NW 24TH CT MIAMI, FL 33125</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b> Zip Code	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b> Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JORGE, VALLS' 9785 SW 123 TERRACE MIAMI, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIMEON, ROBERTO 920 NW 24TH COURT MIAMI, FL 33125 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CARABALLO, ROLANDO 15821 SW 14 CT MIAMI, FL 33137 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NODA, MARIBEL C 912 NW 24TH COURT MIAMI, FL 33125 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **Roberto Simeon** 5/2/04 305541-2334  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

Attachment

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # **N51220**

1. Entity Name  
**PARTIDO SOCIAL REVOLUCIONARIO DEMOCRATICO  
INC.**



Principal Place of Business  
**920 NW 24TH COURT  
MIAMI, FL 33125 US**

Mailing Address  
**P.O. BOX 351081  
MIAMI, FL 33135 US**

00429565

**DO NOT WRITE IN THIS SPACE**

05172004 No Chg-NP

CR2E037 (10/03)

4. FEI Number  
**65-0364551**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SIMEON, ROBERTO  
920 NW 24TH CT  
MIAMI, FL 33125**

**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 8, 2004**

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  
JORGE, VALLS'  
9785 SW 123 TERRACE  
MIAMI, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
SIMEON, ROBERTO  
920 NW 24TH COURT  
MIAMI, FL 33125**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
CARABALLO, ROLANDO  
15821 SW 14 CT  
MIAMI, FL 33137**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
NODA, MARIBEL C  
912 NW 24TH COURT  
MIAMI, FL 33125**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 #

www.sunbiz.org

## Division of Corporations

## 2004 Annual Report

66427565  
1850-488-9000

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.

Document Number N51220

Business Entity Name PARTIDO SOCIAL REVOLUCIONARIO DEMOCRATICO INC.

Original File Date 10/05/1992

FEI Number 65-0364551

Principal Address 920 NW 24TH COURT  
MIAMI, FL 33125 USMailing Address P.O. BOX 351081  
MIAMI, FL 33135 USRegistered Agent SIMEON, ROBERTO  
920 NW 24TH CT  
MIAMI, FL 33125 US

## Officer/Director Name And Address

PD  
VALLS' JORGE  
9785 SW 123 TERRACE  
MIAMI, FLSD  
ROBERTO SIMEON  
920 NW 24TH COURT  
MIAMI, FL 33125VPD  
ROLANDO CARABALLO  
15821 SW 14 CT  
MIAMI, FL 33137TD  
MARIBEL C NODA  
912 NW 24TH COURT  
MIAMI, FL 33125

~~Attachment~~

160427565


# N51220

If all of the above information is correct and you do not wish to make any changes, please select:

If you need to make changes to the above information, please select:

**Sunbiz Home Page**

**Public Access Help**

  
Roberto Simeon

Registered Agent

Phone 305-6492886

305-541-2334

EMAIL PSRDC @ PSRDC.ORG