

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

FILED
Mar 16, 2005 08:00 AM
Secretary of State

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



03142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0364551	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

UN00000265512

03/16/05-80060-010.61.25

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 #

Robert Simeon 3/14/05 305-2234