

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90204 010 ****61.25

DOCUMENT # N93000000580

1. Entity Name
FRIENDS FOR EL SALVADOR INC.



Principal Place of Business
**80 SW 8TH ST SUITE 3100
MIAMI, FL 33130 US**

Mailing Address
**80 SW 8TH ST SUITE 3100
MIAMI, FL 33130 US**

50052741



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0398665

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEFELER, GEORGE
80 SW 8TH ST SUITE 3100
MIAMI, FL 33130**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME ALVAREZ, ERNESTO
STREET ADDRESS 580 PARK AVENUE
CITY-ST-ZIP NEW YORK, NY 10021

TITLE D ☐ Change ☐ Addition
NAME RODRIGUEZ, CECILE ORTIZ
STREET ADDRESS 29 WEST 89TH STREET
CITY-ST-ZIP NEW YORK, NY 10024

TITLE D ☐ Delete
NAME BEFELER, GEORGE
STREET ADDRESS 80 SW 8TH ST SUITE 3100
CITY-ST-ZIP MIAMI, FL 33130

TITLE D ☐ Change ☐ Addition
NAME URQUIA, RAFAEL
STREET ADDRESS 200 EAST 66TH STREET
CITY-ST-ZIP NEW YORK, NY 10021

TITLE SD ☐ Delete
NAME DAUBER, CAROL
STREET ADDRESS 225 EAST 73RD STREET
CITY-ST-ZIP NEW YORK, NY 10021

TITLE D ☐ Change ☐ Addition
NAME DE POOL, LORENA SOL
STREET ADDRESS 46 PARK AVENUE SOUTH
CITY-ST-ZIP NEW YORK, N.Y. 10016

TITLE TD ☐ Delete
NAME MANNY, MARIA ELENA
STREET ADDRESS 96 ALGONQUIN RD
CITY-ST-ZIP BRONXVILLE, NY 10710

TITLE D ☐ Change ☐ Addition
NAME CASTRO MAGANA, MARIAN
STREET ADDRESS 117 ESTATE DRIVE
CITY-ST-ZIP TERRILL, N.Y. 11753

TITLE VP D ☐ Delete
NAME SOLER, ANA V
STREET ADDRESS 700 PARK AVE., APT. 4C
CITY-ST-ZIP NEW YORK, NY 10021

TITLE D ☐ Change ☐ Addition
NAME BOGRAD, MARTHA
STREET ADDRESS 441 EAST 60TH STREET
CITY-ST-ZIP NEW YORK, NY 10021

TITLE VPD ☐ Delete
NAME GUIROLA, MARIA ELISA
STREET ADDRESS 444 EAST 57TH STREET
CITY-ST-ZIP NEW YORK, N.Y. 10022

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ernesto Alvarez **Ernesto Alvarez** 2/1/05