


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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Country	
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	
				State: 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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, ERNESTO		NAME	RODRIGUEZ, CECILE Ortiz	
STREET ADDRESS	580 PARK AVENUE		STREET ADDRESS	29 WEST 89TH STREET	
CITY-ST-ZIP	NEW YORK, NY 10021		CITY-ST-ZIP	NEW YORK, NY 10024	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEFELER, GEORGE		NAME	URQUIA, RAFAEL	
STREET ADDRESS	80 SW 8TH ST SUITE 3100		STREET ADDRESS	200 EAST 66TH STREET	
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP	NEW YORK, NY 10021	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAUBER, CAROL		NAME	DE POOL, LORENA SQL	
STREET ADDRESS	225 EAST 73RD STREET		STREET ADDRESS	46 PARK AVENUE SOUTH	
CITY-ST-ZIP	NEW YORK, NY 10021		CITY-ST-ZIP	NEW YORK, N.Y. 10016	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNY, MARIA ELENA		NAME	CASTRO MAGANA, MARINA	
STREET ADDRESS	96 ALGONQUIN RD		STREET ADDRESS	117 ESTATE DRIVE	
CITY-ST-ZIP	BRONXVILLE, NY 10710		CITY-ST-ZIP	JERICHO, N.Y. 11753	
TITLE	VP D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLER, ANA V		NAME	BOGRAD, MARTHA	
STREET ADDRESS	700 PARK AVE., APT. 4C		STREET ADDRESS	441 EAST 60TH STREET	
CITY-ST-ZIP	NEW YORK, NY 10021		CITY-ST-ZIP	NEW YORK, NY 10021	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUIROLA, MARIA ELISA		NAME		
STREET ADDRESS	444 EAST 57TH STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, N.Y. 10022		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 all other like empowered.					
SIGNATURE: <u>Ernesto Alvarez</u> Date: <u>2/11/05</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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4. FEI Number 65-0398665 Applied For Not Applicable

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