

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90409 040 ****61.25

40076163



01242006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0480405	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TIGANI, AUTONIO
756 NW 123 CT.
MIAMI, FL 33182

**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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	SUAREZ, ROBERTO
STREET ADDRESS	765 NW 122 CT
CITY-ST-ZIP	MIAMI, FL

TITLE	TD
NAME	CHAEI, RAUL
STREET ADDRESS	12360 NW 7TH TRAIL
CITY-ST-ZIP	MIAMI, FL 33182

TITLE	PD
NAME	TIGANI, ANTONIO
STREET ADDRESS	756 NW 123 COURT
CITY-ST-ZIP	MIAMI, FL

TITLE	D
NAME	LACAYO, MARIA F
STREET ADDRESS	933 NW 123 CT.
CITY-ST-ZIP	MIAMI, FL 33182

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 exemptions contained in Chapter 119, 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 #