

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000000458
 1. Entity Name
ALLAPATTAH CHAMBER OF COMMERCE, INC.



Principal Place of Business
2634-A NW 21ST TERR
MIAMI, FL 33142

Mailing Address
2634-A NW 21ST TERR
MIAMI, FL 33142

DO NOT WRITE IN THIS SPACE



03022005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0514793 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CABEZAS, RAFAEL
2634-A NW 21ST TERR
MIAMI, FL 33142

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 _____ (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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUEITSS, CARLOS A 2634-A NW 21 TERR. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GONZALEZ, ANGEL 2634-A NW 21 TERR. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC VALDEZ, RUBEN 2015 NW 20 STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, SERGIO 2207 NW 23RD AVE. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOVO, GUILLERMO 3070 NW 19 ST. MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UN0000300734
 04/13/05-80003-005 70.00

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: Angel Gonzalez **ANGEL GONZALEZ.** 4/5/05 305-638-0280
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #