

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-16-2005 90203 010 ****70.00

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DOCUMENT # N94000002578 1. Entity Name CLUB HUANCAYO DE MIAMI, INC.					
Principal Place of Business 2121 CORAL WAY MIAMI, FL 33145			Mailing Address 2121 CORAL WAY MIAMI, FL 33173		
2. Principal Place of Business 11360 S.W. 160 AVE		3. Mailing Address 11360 S.W. 160 AVE.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI - FL		City & State MIAMI - FL		4. FEI Number 65-0492828	
Zip 33196		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AWUA PARA, OLGA 2121 CORAL WAY MIAMI, FL 33145			7. Name and Address of New Registered Agent Name ULLOA, SAUL Street Address (P.O. Box Number is Not Acceptable) 11360 S.W. 160 AVE. City MIAMI - FL Zip Code 33196		
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 SAUL A. ULLOA 05.06.05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by September 7, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD AWUA PARA, OLGA 2121 CORAL WAY MIAMI, FL 33145	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ULLOA, SAUL 11360 S.W. 160 AVE MIAMI - FL - 33196
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PISFIL, DINO 16971 SW 92 AVE. MIAMI, FL 33157	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAJARES, JULVER 13700 S.W. 62 ST - Apt 143 MIAMI - FL - 33183
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERRERA MORENO, ELISA 9240 SW 41 ST. MIAMI, FL 33165	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AWUAPARA, OLGA 2121 CORAL WAY MIAMI - FL - 33145
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ULLOA, SAUL 11360 SW 160 AVE. MIAMI, FL 33196	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALVA, YOLANDA 5800 S.W. 92 AVE MIAMI - FL - 33173
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: SAUL A. ULLOA 05.06.05 305.408.9465 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					