2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000002578

1. Entity Name
CLUB HUANCAYO DE MIAMI, INC.

Principal Place of Business	Mailing Address
11360 SW 160 AVE MIAMI, FL 33196	11360 SW 160 AVE MIAMI, FL 33196

DO NOT WRITE IN THIS SPACE

08102006 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
65-0492828	Not Applicable
5. Certificate of Status Desired ☒	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ULLOA, SAUL
11360 SW 160 AVE
MIAMI, FL   3319-6z9y

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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 ULLOA*____   *08-10-06*

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 September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	P
NAME	ULLOA, SAUL
STREET ADDRESS	11360 SW 160 AVE
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	V
NAME	PAJARES, JULVER
STREET ADDRESS	13700 SW 62 MST APT 143
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	S
NAME	ALVA, YOLANDA
STREET ADDRESS	5800 SW 92 AVE
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	T
NAME	AWUAPARA, OLGA
STREET ADDRESS	2121 CORAL WAY
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/18/06-80001-027 70.00

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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: *YOLANDA ALVA*   08-10-06   305-279-5915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #