

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90184 025 ****70.00

DOCUMENT # N94000002578

1. Entity Name

CLUB HUANCAYO DE MIAMI, INC.



Principal Place of Business

11360 SW 160 AVE
MIAMI, FL 33196

Mailing Address

~~5800 SW 92 AVE~~ 9698 S.W. 64 ST.
MIAMI, FL 33173 MIAMI, FL 33173



04292008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0492828

Applied For
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 33196-29Y

**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

Juana Y. Alva

SECRETARY

04-29-08

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, 2008**

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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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:

Juana Y. Alva

JUANA Y. ALVA

04-29-08

305-279-5915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #