

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90163 047 \*\*\*\*61.25

14003204



04152005 Chg-NP CR2E037 (10/03)

4. FEI Number  
65-0495620

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SOLANO, AQUILES R  
782 NW 42ND AVENUE  
SUITE #328  
MIAMI, FL 33126

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PICHS, VICTOR	
STREET ADDRESS	782 NW 42ND AVENUE #328	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SOLANO, YOLANDA	
STREET ADDRESS	782 NW 42ND AVENUE #328	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SOLANO, AQUILES R	
STREET ADDRESS	782 NW 42ND AVENUE #328	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BONETTI, FERNANDO	
STREET ADDRESS	782 NW 42ND AVENUE #328	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIXTO, JORGE F	
STREET ADDRESS	782 NW 42ND AVENUE #328	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEAL, ALEIDA	
STREET ADDRESS	782 NW 42ND AVENUE #328	
CITY-ST-ZIP	MIAMI, FL 33126	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLANO AQUILES R	
STREET ADDRESS	782 NW 42 Ave Suite 328	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fernando Bonetti	
STREET ADDRESS	782 NW 42 Ave Suite 328	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jose Hernandez	
STREET ADDRESS	782 NW 42 Ave Suite 328	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AQUILES R. Solano, President 4/21/05 (305) 441-2606