

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # N95000002539	
1. Entity Name CLUB AREQUIPA DE LOS EE. UU., INC.	
Principal Place of Business 8991 SW 107 AVE #200 MIAMI, FL 33176 US	Mailing Address 8991 SW 107 AVE #200 MIAMI, FL 33176 US



DO NOT WRITE IN THIS SPACE

02102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0781713	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LLERENA, FERNANDO N
8991 SW 107 AVE
#200
MIAMI, FL 33176**

**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 _____

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LLERENA, FERNANDO N 11401 SW 95 STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VIZCARRA, JAVIER 8011 SW 97 AVE MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LLERENA, GLADYS P 11401 SW 95 STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O'BRIEN, ROY 7339 SW 113 PLACE MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000313032
04/18/05-80109-005 70.00

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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)(f), 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

4-14-05
Date

205-273-4499
Daytime Phone #