

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004371

FILED
Apr 11, 2005
Secretary of State

Entity Name: A.I.P.E.U.C. - CAPITULO DE LA FLORIDA, INC.

Current Principal Place of Business:

8991 SW 107 AVE
#200
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

8991 SW 107 AVE
#200
MIAMI, FL 33176

New Mailing Address:

FEI Number: 65-0601786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ALBERTO, CACEDA R PD
1945 LORRIE LYNN LANE
JACKSONVILLE
MIAMI, FL 32223 US

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.

SIGNATURE: ALBERTO R. CACEDA

04/11/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LLERENA, FERNANDO
Address: 8991 SW 107 AVE #00
City-St-Zip: MIAMI, FL 33176

Title: VD (X) Delete
Name: ALVA, SILVIO
Address: 5800 S.W. 92ND AVE.
City-St-Zip: MIAMI, FL 33172

Title: SD () Delete
Name: O'BRIAN, ROY
Address: 8991 SW 107 AVE #200
City-St-Zip: MIAMI, FL 33176

Title: TD () Delete
Name: GONZALEZ, ALLAN
Address: 8991 SW 107 AVE #200
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALBERTO, CACEDA R PD
Address: 1945 LORRIE LYNN LANE
City-St-Zip: JACKSONVILLE, FL 32223

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: JUAN CARLOS, MENDOZA
Address: 1945 LORRIE LYNN LANE
City-St-Zip: JACKSONVILLE, FL 32223

Title: TD (X) Change () Addition
Name: ULLOA, SAUL
Address: 5800 S.W. 92ND AVE.
City-St-Zip: MIAMI, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERTO R. CACEDA

PD

04/11/2005

Electronic Signature of Signing Officer or Director

Date