

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005434

FILED
Apr 25, 2005
Secretary of State

Entity Name: CAPITULO EPSILON COLUMBIA BORIQUEN, INC.

Current Principal Place of Business:

2678 PALMER PLACE
WESTON, FL 33332 US

New Principal Place of Business:

Current Mailing Address:

2678 PLAMER PLACE
WESTON, FL 33332 US

New Mailing Address:

FEI Number: 65-0624776

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PONS, RAFAEL A
2678 PALMER PLACE
WESTON, FL 33332 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: PONS, RAFAEL
Address: 2678 PALMER PL
City-St-Zip: WESTON, FL 33332

Title: DS () Delete
Name: DUQUESNE, PEDRO J
Address: 11944 SW 100TH TERRACE
City-St-Zip: MIAMI, FL 33186

Title: DVP () Delete
Name: WARD, FREDERICK
Address: 8290 LAKE DR. EAST
City-St-Zip: MIAMI, FL 33166

Title: DP () Delete
Name: VEGA, DAVID
Address: 6301 SIMMONS ST.
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: DP (X) Change () Addition
Name: ALDEA, JOSE IVAN
Address: 2000 ATLANTIC SHORES BLVD APT. 411
City-St-Zip: HALLANDALE, FL 33009

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: RAFAEL PONS

DT

04/25/2005

Electronic Signature of Signing Officer or Director

Date