


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000002083

1. Entity Name
ALLAPATTAH CHAMBER OF COMMERCE COMMUNITY SERVICES, INC.



Principal Place of Business
**2634 A. N.W. 21 TERR
 MIAMI, FL 33142**

Mailing Address
**2634 A. N.W. 21 TERR
 MIAMI, FL 33142**

DO NOT WRITE IN THIS SPACE



03022005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0737685

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GONZALEZ, ANGEL
 2634 A NW 21 TERR
 MIAMI, FL 33142**

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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 _____ (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	D
NAME	GONZALEZ, ANGEL
STREET ADDRESS	2634-A NW 21 TERR., MIAMI, FL
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	D
NAME	FERNANDEZ, SERGIO
STREET ADDRESS	3429 N.W. 17TH STREET
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	D
NAME	GUEITS, CARLOS
STREET ADDRESS	2634-A NW 21 TERR.
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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1100001300192
 04/12/05-80010-016 70.00

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: *Angel Gonzalez* **ANGEL GONZALEZ** 4/5/05 305-638-62-80
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #