

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000004941			
1. Entity Name ASOCIACION MENSAJEROS DE LA PAZ, INC.			
Principal Place of Business 4810 ALHAMBRA CIRCLE MIAMI FL 33146		Mailing Address 4810 ALHAMBRA CIRCLE MIAMI FL 33146	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent LOPEZ-MUNOZ, MARIA ROSA P 4810 ALHAMBRA CIRCLE MIAMI FL 33146		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. 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: type or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD LOPEZ-MUNOZ, MARIA-ROSA P 4810 ALHAMBRA CIRCLE MIAMI FL 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	U000000431974 ☐ Change ☐ Add 02/23/06-80049-023 61.25
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD FERRO-MORALES, ELOISA 737 N GREENWAY DR. MIAMI FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD DIAZ, MARIA CRISTINA 10 EDGEWATER DR, APT 6E CORAL GABLES FL 33133 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD FERRO-MENEDEZ, TERESITA 3305 ALHAMBRA CIRCLE CORAL GABLES FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add



1st MOORE CR2E037 (10/05)

4. FEI Number **65-0751208** Applied For
Not Applicable

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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]* President 2/7/06