

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90028 007 ****66.25

40010755



02022005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0711682	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PASCUAL, CARLOS A
2540 SW 92 CT
MIAMI, FL 33165

**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 _____ (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	DP PASCUAL, CARLOS SR. 2540 SW 92 CT. MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PASCUAL, XIOMARA 2540 SW 92 CT. MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PASCUAL, CARLOS JR. 13194 SW 19 TER. MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PASCUAL, SILVIA P 9372 SW 21 STREET MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADERAL, JOSE 3031 NW 1 ST. MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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)(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: Carlos Pascual PRESIDENT 2-7-05 305 351 6804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #