


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90327 022 \*\*\*\*75.00

**DOCUMENT # N96000006486**

1. Entity Name  
**COLOMBIAN AMERICAN COALITION OF FLORIDA, INC.**



Principal Place of Business  
**12205 SW 71 COURT  
 MIAMI, FL 33156 US**

Mailing Address  
**12205 SW 71 COURT  
 MIAMI, FL 33156 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



03222004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0716556**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**CABRERA, CARLOS A  
 12205 S.W. 71 COURT  
 MIAMI, FL 33156**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

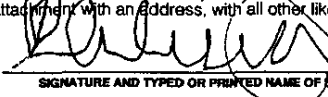
**Filing Fee is \$61.25 Due by May 1, 2004**

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                        |  |
|--|--|--|--|
| T<br>GOMEZ, MARIA N<br>22240 SANDS POINT DR<br>BOCA RATON, FL 33433      | <input checked="" type="checkbox"/> Delete | T<br>VANEGAS, MAYTE<br>122 Calabria Avenue, Dpt. # 12<br>Coral Gables, 33134 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| P<br>CABRERA, CARLOS A<br>12205 SW 71 ST CT<br>MIAMI, FL 33156           | <input type="checkbox"/> Delete            |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| VP<br>ANDRADE, FABIO A<br>9010 SW 137 AVE #215<br>MIAMI, FL 33186        | <input checked="" type="checkbox"/> Delete | D<br>MANRIQUE, RAMON<br>3515 S. Le Jeune<br>Coral, Gables, FL. 33134         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| S<br>HUNT, CECILIA C<br>6621 SW 64 STREET<br>MIAMI, FL 33143             | <input type="checkbox"/> Delete            |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| D<br>HERNARDO, GRAU<br>4304 FOX RIDGE DRIVE<br>FORT LAUDERDALE, FL 33331 | <input type="checkbox"/> Delete            | VP<br>GRAU, BERNARDO<br>4304 Fox Ridge Drive<br>Weston, FL. 33331            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| D<br>ERNESTO, OBREGON<br>13420 SW 77 AVE<br>MIAMI, FL 33156              | <input checked="" type="checkbox"/> Delete | D<br>VILAR, PATRICK<br>10953 SW 70 Terrace<br>Miami, FL. 33176               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 A. CABRERA** **04/23/04** **305-665-7990**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #