
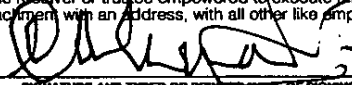


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90062 049 \*\*\*\*75.00

<b>DOCUMENT # N96000006486</b>								
1. Entity Name <b>COLOMBIAN AMERICAN COALITION OF FLORIDA, INC.</b>								
Principal Place of Business <b>12205 SW 71 COURT MIAMI, FL 33156 US</b>		Mailing Address <b>12205 SW 71 COURT MIAMI, FL 33156 US</b>						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State						
Zip	Country	Zip	Country	4. FEI Number <b>65-0716556</b> <table border="1" style="float: right; margin-left: 20px;"> <tr> <td>Applied For</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Not Applicable</td> <td><input type="checkbox"/></td> </tr> </table>	Applied For	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>
Applied For	<input type="checkbox"/>							
Not Applicable	<input type="checkbox"/>							
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01032005    Chg-NP    CR2E037 (10/03)				
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>				
<b>CABRERA, CARLOS A</b> 12205 S.W. 71 COURT MIAMI, FL 33156				Name				
				Street Address (P.O. Box Number is Not Acceptable)				
				City				
				<b>FL</b>			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 _____								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
<b>Filing Fee is \$81.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>				
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	VANEGAS, MAYTE		NAME					
STREET ADDRESS	122 CALABRIA AVENUE, APT. #12		STREET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33134		CITY-ST-ZIP					
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	CABRERA, CARLOS A		NAME					
STREET ADDRESS	12205 SW 71 ST CT		STREET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP					
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	MANRIQUE, RAMON		NAME					
STREET ADDRESS	3515 S. LE JEUNE		STREET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33134		CITY-ST-ZIP					
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	HUNT, CECILIA C		NAME	BORDA, MARGARITA				
STREET ADDRESS	6621 SW 64 STREET		STREET ADDRESS	3240 SW 61 Avenue				
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP	MIAMI, FL. 33155				
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	GRAU, BERNARDO		NAME	VP MANTILLA, ARMANDO				
STREET ADDRESS	4304 FOX RIDGE DRIVE		STREET ADDRESS	10521 SW 67 STREET				
CITY-ST-ZIP	FORT LAUDERDALE, FL 33331		CITY-ST-ZIP	MIAMI, FL. 33173				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	VILAR, PATRICK		NAME	D CHACON, JORGE R.				
STREET ADDRESS	10953 SW 70 TERRACE		STREET ADDRESS	410 CORTZ RD. W - SUITE 415				
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP	BRADENTON, FL. 342006				
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.								
<b>SIGNATURE:</b> 		CARLOS A. CABRERA		02/10/05    305-665-7278				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #				