


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90074 034 \*\*\*\*61.25

**DOCUMENT # N97000000570**

1. Entity Name  
**CULTURAL CLUB OF MIAMI, "ATENEA", INC.**



Principal Place of Business      Mailing Address

**1800 W 54TH ST  
 202  
 HIALEAH FL 33012**      **PO BOX 453402  
 MIAMI FL 33245**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



1st MOORE      CR2E037 (10/04)

4. FEI Number      Applied For

**65-0737531**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PEREZ, ORESTES  
 1800 W 54TH ST  
 202  
 HIALEAH FL 33012**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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**

TITLE	D	<input type="checkbox"/> Delete
NAME	PEREZ, ORESTES A	
STREET ADDRESS	1306 SW 6TH STREET, #3	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALZADILLA, RITA	
STREET ADDRESS	1306 SW 6TH STREET #3	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	D	<input type="checkbox"/> Delete
NAME	TERAN, MARTALEIDA	
STREET ADDRESS	1306 SW 6TH ST #3	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, ORESTES A.	
STREET ADDRESS	1800 W 54TH ST #302	
CITY-ST-ZIP	MIAMI, FL 33012	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALZADILLA, RITA	
STREET ADDRESS	1800 W 54TH ST #302	
CITY-ST-ZIP	MIAMI, FL 33012	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAIME MARTINEZ	
STREET ADDRESS	1800 W 54TH ST #302	
CITY-ST-ZIP	MIAMI, FL 33012	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** \_\_\_\_\_ *Orestes A. Perez*      **01/30/05** (305) 827-1767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #