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Secretary of State
04-15-2005 90106 024 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000003729

1. Entity Name
PARTIDO POPULAR DE FLORIDA INC.

3983 KUMQUAT AVENUE
MIAMI, FL 33133

3983 KUMQUAT AVENUE
MIAMI, FL 33133

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ-BLANES, JOSE M
3983 KUMQUAT AVENUE
MIAMI, FL 33133

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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: JOSE M. PEREZ BLANES Jose M. Perez Blanes 4/11/05
Signature, typed or printed name of registered agent and title if applicable. (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	PD
NAME	PEREZ- BLANES, JOSE M
STREET ADDRESS	3983 KUMQUAT AVE.
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	VD
NAME	COUREL, JOSE M
STREET ADDRESS	22506 W. 23 STREET
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	TD
NAME	SERANTES, MANUEL
STREET ADDRESS	240 N.W. 81 AVE.
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	SD
NAME	~~RODRIGUEZ, JOSE M.~~ JAIME SALOM-PIZA
STREET ADDRESS	~~8423 N.W 1ST TERRACE~~ 3983 KUMQUAT AVEN.
CITY-ST-ZIP	~~MIAMI, FL 33126~~ MIAMI FL 33133
TITLE	TD
NAME	LLACAS MAYO, ANGEL
STREET ADDRESS	2510 S.W. 112 PLACE
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	SD
NAME	COSTA, EDELMIRO G ASST.
STREET ADDRESS	8421 S.W. 16 STREET
CITY-ST-ZIP	MIAMI, FL 33165

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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: JOSE M. PEREZ BLANES Jose M. Perez Blanes 4-11-05 305 2690056
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #