

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002102

FILED  
Apr 29, 2005  
Secretary of State

**Entity Name:** FUNDACION HUMANISMO SIN FRONTERAS, INC.

**Current Principal Place of Business:**

175 SW 15TH ROAD  
MIAMI, FL 33129

**New Principal Place of Business:**

10355 SW 40TH STREET  
APT: 537  
MIAMI, FL 33165

**Current Mailing Address:**

10450 N W 31ST TERR  
MIAMI, FL 33172

**New Mailing Address:**

10355 SW 40TH STREET  
APT: 537  
MIAMI, FL 33165

**FEI Number:** 91-1979784

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CEPERO, EVELIO  
1055 SW 40TH STREET APT 537  
MIAMI, FL 33165 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: SUAREZ, AMANCIO  
Address: 10450 NW 31 TERRACE  
City-St-Zip: MIAMI, FL 33172

Title: PD ( ) Delete  
Name: CEPERO, EVELIO  
Address: 10355 SW 40TH STREET APT 537  
City-St-Zip: MIAMI, FL 33165

Title: VPD ( ) Delete  
Name: PALENZUELO, GONZALO  
Address: 2960 CORAL WAY  
City-St-Zip: MIAMI, FL 33129

Title: SD ( ) Delete  
Name: FERNANDEZ, GRISEL  
Address: 175 SW 15 ROAD  
City-St-Zip: MIAMI, FL 33129

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVELIO CEPERO

P/D

04/29/2005

Electronic Signature of Signing Officer or Director

Date