

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000002763

1. Entity Name
PARTIDO DEL PUEBLO INC.



Principal Place of Business

**3190 S.W. 123 COURT
MIAMI, FL 33175**

Mailing Address

**3190 S.W. 123 COURT
MIAMI, FL 33175**



04232007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0835345

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CASTRO, NELSY I
3190 S.W. 123 COURT
MIAMI, FL 33175**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000757638
05/23/07-80079-011 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTRO, NELSY I 3190 S.W. 123 COURT MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPOS, MIGUEL A 3190 S.W. 123 COURT MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALDERON, LAZARO GUERRA 175 EAST 14TH STREET HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM CASTRO, PEDRO MARTINEZ 3190 S.W. 123 COURT MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

Date

Daytime Phone #