

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

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000005789

1. Entity Name
**CENTRO DE ESTUDIO PARA UNA OPCION NACIONAL,
INC.**



Principal Place of Business

**10250 S.W. 56TH STREET
SUITE C-203
MIAMI, FL 33165**

Mailing Address

**10250 S.W. 56TH STREET
SUITE C-203
MIAMI, FL 33165**



01072005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0934946

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HEIDI, MICHAEL
4000 HOLLYWOOD BLVD STE 735 SOUTH
HOLLYWOOD, FL 33021**

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000344268
04/29/05-80129-023 70.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DE CESPEDES, JAVIER
STREET ADDRESS	10250 SW 56 STREET, C203
CITY- ST- ZIP	MIAMI, FL 33165
TITLE	VPD
NAME	FERNANDEZ, DE CASTRO
STREET ADDRESS	10250 SW 56 STREET, C203
CITY- ST- ZIP	MIAMI, FL 33165
TITLE	NS
NAME	GUTIERREZ, ORLANDO
STREET ADDRESS	10250 SW 56 STREET, C203
CITY- ST- ZIP	MIAMI, FL 33165
TITLE	SD
NAME	RIVERO, JANISSET
STREET ADDRESS	10250 SW 56 STREET, C203
CITY- ST- ZIP	MIAMI, FL 33165
TITLE	T
NAME	FERNANCEZ DE CASTRO, JUAN J
STREET ADDRESS	10250 SW 56ST C-203
CITY- ST- ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

JUAN J FERNANDEZ DE CASTRO

04/27/05 **279-4416**