

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N98009005892 1. Entity Name AYUDA MIENTRAS TE AYUDAS AMA, INC.	
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Principal Place of Business 5535 WEST 14TH LANE HIALEAH, FL 33012	Mailing Address 5535 WEST 14TH LANE HIALEAH, FL 33012
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03272003 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0918296	Applied For Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROBAINA, FRANCISCO 5535 WEST 14TH LANE HIALEAH, FL 33012
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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 September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROBAINA, FRANCISCO 5535 WEST 14TH LANE HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VARGAS, JORGE 483 EAST 19TH ST. HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROBAINA, ANDREA 5535 WEST 14TH LANE HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/07/04-80001-018 70.00

**DO NOT WRITE
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)(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: Francisco Robaina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **06/03/04** 305 448 1112
Daytime Phone #