

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90390 013 ****61.25

14016000



04142005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0891227	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DIAZ, GUARIONE M
1223 SW4TH STREET 2ND FLOOR
MIAMI, FL 33135

**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**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DIAZ, GUARIONE M
STREET ADDRESS	1223 SW 4 STREET
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	SD
NAME	SANTANA, CRISTINA
STREET ADDRESS	1223 SW 4 STREET
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	TD
NAME	SWITZER, RAQUEL C
STREET ADDRESS	1223 SW 4 STREET
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	VPD
NAME	PAZOS, ANDRES
STREET ADDRESS	1223 SW 4 STREET
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	D
NAME	GALAN, JUAN
STREET ADDRESS	1223 SW 4 STREET
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	D
NAME	NAVARRO, MARTA
STREET ADDRESS	1223 SW 4 STREET
CITY-ST-ZIP	MIAMI, FL 33135

**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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05

Date

(305) 642-3634

Daytime Phone #

ATTACHMENT

Page Two

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N99000600193

D
Barreto, Marielena
1223 SW 4 Street
Miami, Florida 33135

Add x