

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90083 017 ****61.25

DOCUMENT # N99000001248

1. Entity Name
LA SENDA ANTIGUA, INC.



Principal Place of Business
1256 PIN OAK DR
APOPKA, FL 32703

Mailing Address
1256 PIN OAK DR
APOPKA, FL 32703-1574

50008484



01182005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3562312

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BETANCOURT, PEDRO
1256 PIN OAK DR
APOPKA, FL 32703

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BETANCOURT, PEDRO	
STREET ADDRESS	1256 PIN OAK DR	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	D	<input type="checkbox"/> Delete
NAME	BETANCOURT, MARTA	
STREET ADDRESS	1256 PIN OAK DR	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	D	<input type="checkbox"/> Delete
NAME	ACOSTA, RAQUEL	
STREET ADDRESS	6638 WHIRLAWAY	
CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE	D	<input type="checkbox"/> Delete
NAME	ACOSTA, SEGUNDINO	
STREET ADDRESS	6635 WHIRLAWAY	
CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pedro Betancourt

Date

Daytime Phone #

1/28/05 (407) 886-2170