

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004323

FILED
Apr 25, 2005
Secretary of State

Entity Name: THE NICARAGUAN ASSOCIATION, OF PALM BEACH COUNTY INC.

Current Principal Place of Business:

4111 VICLIFF ROAD
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

4978 PIMLICO CT
WEST PALM BEACH, FL 33415

New Mailing Address:

FEI Number: 65-0945141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VASQUEZ, JUAN O
411 VICLIFF RD
WEST PALM BEACH, FL 33406 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: VASQUEZ, JUAN
Address: 4111 VICLIFF ROAD
City-St-Zip: WEST PALM BEACH, FL 33406

Title: VT () Delete
Name: LUCIA, MORALES
Address: 4978 PIMLICO CT
City-St-Zip: WEST PALM BEACH, FL 33406

Title: S () Delete
Name: MONTANO, HEIDY
Address: 201 E SHANNANDALE RD
City-St-Zip: WEST PALM BEACH, FL 33406

Title: P () Delete
Name: MORALES, OSCAR JR
Address: 4978 PIMLICO CT
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D () Delete
Name: BAEZ, SYLVIA
Address: 729 FRANCIS STREET
City-St-Zip: WEST PALM BEACH, FL 33406

Title: T () Delete
Name: BAEZ, ROGER
Address: 729 FRANCIS STREET
City-St-Zip: WEST PALM BEACH, FL 33406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN O VASQUEZ

VP

04/25/2005

Electronic Signature of Signing Officer or Director

Date