

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004439

FILED
Feb 02, 2005
Secretary of State

Entity Name: CAMAGUEYANOS CATOLICOS, INC.

Current Principal Place of Business:

4970 SW 72 AVE UNIT 109
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

6800 SW 40TH ST
#343
MIAMI, FL 33155

New Mailing Address:

FEI Number: 65-0938147 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

QUEVEDO, RAFAEL A
6800 SW 40TH ST
#343
MIAMI, FL 33155 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: D () Delete
Name: QUEVEDO, RAFAEL A
Address: 4970 SW 72 AVE UNIT 109
City-St-Zip: MIAMI, FL 33165

Title: TDF () Delete
Name: PELAEZ, EDUARDO
Address: 8880 SW 87TH STREET
City-St-Zip: MIAMI, FL 33173

Title: PD () Delete
Name: FERNANDEZ, PABLO
Address: 8750 NW 153RD TER
City-St-Zip: MIAMI, FL 33118

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:

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: RAFAEL A. QUEVEDO

D

02/02/2005

Electronic Signature of Signing Officer or Director

Date