

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000006367

1. Entity Name

CIUADELA JESUS Y MARIA U.S.A., INC.



Principal Place of Business

11901 N.W. 31ST PLACE
SUNRISE, FL 33323

Mailing Address

11901 N.W. 31ST PLACE
SUNRISE, FL 33323



01242007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number

65-0963961

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOREN, SAMUEL S
3099 COMMERCIAL BOULEVARD
SUITE 200
FORT LAUDERDALE, FL 33308

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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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000607533
01/31/07-80042-010 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
DRAUGHON, WOODWORTH R JR.
11901 N.W. 31ST PLACE
SUNRISE, FL 33323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
CUBAS, ERICK
9683 GRADE VIEW BLVD
WEST PALM BEACH, FL 33412

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
SABIN, YOLANDA
8970 NW 21 ST
CORAL SPRINGS, FL 33071

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
DRAUGHON, GRISELDA
11901 NW 31 PL
SUNRISE, FL 33323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Woodworth R. Draughon* 1-24-07 - 954-914-5777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #