

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90045 007 ****61.25

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1. Entity Name

EXTENSION CONTEMPLATIVA INTERNACIONAL, INC.



Principal Place of Business

**284 CURLEW CIRCLE
ALTAMONTE SPRINGS FL 32701**

Mailing Address

**284 CURLEW CIRCLE
ALTAMONTE SPRINGS FL 32701**

40013014



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

ALT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3629456

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**REISSNER, ILSE
284 CURLEW CIRCLE
ALTAMONTE SPRINGS FL 32701**

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

**FILE NOW: 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	P	<input type="checkbox"/> Delete
NAME	REISSNER, ILSE	
STREET ADDRESS	284 CURLEW CIR	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENRIQUEZ, ADALBERTO MD	
STREET ADDRESS	71 RIVER RIDGE DR.	
CITY - ST - ZIP	ROCKLEDGE FL 32955	
TITLE	S	<input type="checkbox"/> Delete
NAME	LOPEZ, RICARDO	
STREET ADDRESS	3511 SW 109 AVE	
CITY - ST - ZIP	MIAMI FL 33165	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUGO, MEJIA MD	
STREET ADDRESS	9040 SW 58TH AVE	
CITY - ST - ZIP	MIAMI FL 33156	
TITLE	I	<input type="checkbox"/> Delete
NAME	ASON, RAUL	
STREET ADDRESS	PO BOX 70290	
CITY - ST - ZIP	SAN JUAN PR 00936	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENRIQUEZ, MARGARITA	
STREET ADDRESS	71 RIVER RIDGE DR	
CITY - ST - ZIP	ROCKLEDGE FL 32955	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASTELLANOS, ISABEL	
STREET ADDRESS	2620 Collins Ave. Apt. 705	
CITY - ST - ZIP	MIAMI BEACH, FL 33140	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIA L. ASON	
STREET ADDRESS	P.O. Box 70290	
CITY - ST - ZIP	SAN JUAN, PR 00936	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIA M. LOPEZ	
STREET ADDRESS	3511 S.W. 109 AVE	
CITY - ST - ZIP	MIAMI, FL 33165	
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		

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

2/1/2005 407-767-1567
Date Daytime Phone #