

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000056793 1. Entity Name SIMON BOLIVAR SOCIETY, INC.	
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Principal Place of Business 16315 N.W. 83 COURT MIAMI, FL 33016	Mailing Address 16315 N.W. 83 COURT MIAMI, FL 33016
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DO NOT WRITE IN THIS SPACE



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1021863	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MILIAN, MARIA TERESA 16315 N.W. 83 COURT MIAMI, FL 33016
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**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2006 Fee will be \$550.00**

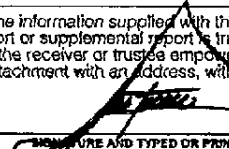
9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SERRANO, JAIRO 16315 NW 83 COURT MIAMI, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUBIO, BETTY 16315 NW 83 COURT MIAMI, FL 33016
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05/22/06 80007-018 150.00

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 607, 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:  **JAIRO SERRANO** **03-08-2006** **(305)823 58 79**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #