2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2004
Secretary of State

DOCUMENT# N03000008207

Entity Name: MIAMI SOTO ZEN INC.

Current Principal Place of Business:

580 NW 109 AVE #2
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

580 NW 109 AVE #2
MIAMI, FL 33172

New Mailing Address:

1565 MALAGA AV
MIAMI, FL 33134

FEI Number: 20-0349405 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOLINA, LUIS
1565 MALAGA AVE
CORAL GABLES, FL 33134 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: P ( ) Delete
Name: ROBY, SARA
Address: 580 NW 109 AVE #2
City-St-Zip: MIAMI, FL 33172

Title: V ( ) Delete
Name: MOLINA, LUIS
Address: 580 NW 109 AVE #2
City-St-Zip: MIAMI, FL 33172

Title: ST ( ) Delete
Name: MOLINA, PATRICIA
Address: 580 NW 109 AVE #2
City-St-Zip: MIAMI, FL 33172

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: PM ST 08/06/2004

Electronic Signature of Signing Officer or Director — Date