


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N03000010605</b> 1. Entity Name ALMA VISION MIAMI, INC.	
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FILED  
04 OCT 15 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 1881 N.E. 146 ST NORTH MIAMI, FL 33181	Mailing Address 1881 N.E. 146 ST NORTH MIAMI, FL 33181
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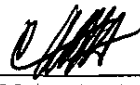
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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09142004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent DE ZENDEQUI, GUSTAVO ESQ. 201 ALHAMBRA CIRCLE SUITE 702 CORAL GABLES, FL 33134	
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7. Name and Address of New Registered Agent Name <u>Yamil Castillo</u> Street Address (P.O. Box Number is Not Acceptable) <u>13833 SW 104 ST</u> City <u>Miami</u> FL Zip Code <u>33186</u>	
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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 Yamil Castillo  DATE 9/15/04

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 September 8, 2004**

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		<input type="checkbox"/> Delete
TITLE	P CAAMANO, DANIEL	
STREET ADDRESS	P.O. BOX 963	
CITY-ST-ZIP	HALLANDALE, FL 35008	
TITLE	V SOTOLONGO, JAVIER	<input type="checkbox"/> Delete
STREET ADDRESS	13833 S.W. 142ND AVE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	T MALAVERDE, PAUL	<input type="checkbox"/> Delete
STREET ADDRESS	13833 S.W. 142ND AVE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	SD CASTILLO, YAMIL	<input type="checkbox"/> Delete
STREET ADDRESS	13833 S.W. 142ND AVE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	D DINOZAH LEON	<input type="checkbox"/> Delete
STREET ADDRESS	13833 SW 142 AVE	
CITY-ST-ZIP	Miami, FL 33186	
TITLE	D Humberto Cruz	<input type="checkbox"/> Delete
STREET ADDRESS	13833 SW 142nd Ave	
CITY-ST-ZIP	Miami FL 33186	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	000041909480	
STREET ADDRESS	10/15/04--01104--004 **\$61.25	
CITY-ST-ZIP		
TITLE	S MALAVERDE, PAUL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	13833 SW 142 AVE	
CITY-ST-ZIP	Miami, FL 33186	
TITLE	SDT CASTILLO, YAMIL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	13833 SW 142nd Ave	
CITY-ST-ZIP	Miami, FL 33186	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	←	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: Yamil Castillo  DATE 9/15/04 DAYTIME PHONE # 786 242-3188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #