

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 25, 2004
Secretary of State**

DOCUMENT# N95000005885

Entity Name: GRUPO FOLKLORICO ESMERALDA, INC.

Current Principal Place of Business:

3371 NW 22ND ST
COCONUT CREEK, FL 33066

New Principal Place of Business:

Current Mailing Address:

3371 NW 22ND ST
COCONUT CREEK, FL 33066

New Mailing Address:

FEI Number: 65-0621049 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAGNER, MARIA L
5440 N. STATE RD 7
STE 219
FORT LAUDERDALE, FL 33319

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: PD () Delete
Name: WAGNER, MARIA L
Address: 3371 NW 22 STREET
City-St-Zip: COCONUT CREEK, FL 33066

Title: C () Delete
Name: GIRALDO, GILBERTO
Address: 3371 NW 22 STREET
City-St-Zip: COCONUT CREEK, FL 33066

Title: TD () Delete
Name: ORFELINA, CARDENAS
Address: 7507 NW 3 CT
City-St-Zip: FORT LAUDERDALE, FL 33317

Title: VPD () Delete
Name: CORDOBA, JULIO
Address: 4300 NW 50 STREET
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: PD () Delete
Name: ALVAREZ, EDGAR
Address: 7021 LEE STREET
City-St-Zip: HOLLYWOOD, FL 33024

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:

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: MARIA L WAGNER

PD

04/25/2004

Electronic Signature of Signing Officer or Director

Date