


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000002444
 1. Entity Name
ASOCIACION EMERGENCIA AYACUCHO INC.



Principal Place of Business 9130 SOUTH DADELAND BLVD. STE. 1607 MIAMI, FL 33156-7851	Mailing Address 9130 SOUTH DADELAND BLVD. STE. 1607 MIAMI, FL 33156-7851
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02242004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0920961	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CEPEDA, VIOLETA
 9130 SOUTH DADELAND BOULEVARD
 SUITE 1607
 MIAMI, FL 33156**

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)

**Filing Fee is \$61.25
 Due by May 1, 2004**

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

DATE _____
 U00000089298
 03/15/04-80086-017 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AMOROS, CARMEN-ROSA 9801 SW 73RD COURT MIAMI, FL 331563112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PROTZEL-CAPURRO, MARIA H 781 CRANDON BLVD., APT. 1204 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RODRIGUEZ-PASTOR, MARIA 3941 ADRA AVENUE MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SARMIENTO, SUSANA 12336 N.W. 14TH STREET PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD CEPEDA, VIOLETA 7200 S.W. 109 TERRACE PINECREST, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Carmen R. Amorós* - Carmen R. Amorós **March 11, 2004** (305) 667-1317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #