


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
04 AUG 25 PM 2:45

DOCUMENT # N99000007061			
1. Entity Name PIES DESCALZOS INTERNATIONAL FOUNDATION CORP.			
Principal Place of Business 2655 COLLINS AVE., #407 MIAMI BEACH, FL 33140		Mailing Address 2655 COLLINS AVE., #407 MIAMI BEACH, FL 33140	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CEPEDA, AYMEE 8415 S.W. 107 AVE., #363 W MIAMI, FL 33173		Name <i>Rev. Sonia L. Becerra.</i> Street Address (P.O. Box Number is Not Acceptable) <i>2655 Collins Ave #407</i> City <i>Miami Beach</i> FL Zip Code <i>33140</i>	
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 <i>Sonia Becerra</i>		DATE <i>8/24/04</i>	
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME BECERRA, SONIA REV <input type="checkbox"/> Delete	TITLE	NAME <i>900040825</i> <input type="checkbox"/> Addition
STREET ADDRESS	2655 COLLINS AVE., #407	STREET ADDRESS	<i>09/03/04--01071--003 **\$61.25</i>
CITY-ST-ZIP	MIAMI BEACH, FL 33140	CITY-ST-ZIP	
TITLE VP	NAME BECERRA, HUMBERTO REV <input checked="" type="checkbox"/> Delete	TITLE VP	NAME <i>ABEL E Cepeda</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2655 COLLINS AVE., #407	STREET ADDRESS	<i>2655 Collins Ave #407</i>
CITY-ST-ZIP	MIAMI BEACH, FL 33140	CITY-ST-ZIP	<i>Miami Beach, Fla. 33140</i>
TITLE S	NAME MEZA, RAFAEL <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7649 NW 181 TERR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33015	CITY-ST-ZIP	
TITLE T	NAME CEPEDA, ABEL E <input checked="" type="checkbox"/> Delete	TITLE T	NAME <i>Aymee Cepeda</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4241 W. 10 AVE.	STREET ADDRESS	<i>2655 Collins Ave #407</i>
CITY-ST-ZIP	HIALEAH, FL 33012	CITY-ST-ZIP	<i>Miami Beach, Fla 33140</i>
TITLE D	NAME ROMERO, CARLOS REV. <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1001 S.W. 18TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33135	CITY-ST-ZIP	
TITLE D	NAME HOKEY, LARRY REV <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. BOX 1438	STREET ADDRESS	
CITY-ST-ZIP	SWAINSBORO, GA 30401	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: <i>Sonia Becerra</i>		DATE: <i>8/24/04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	