2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State 02-18-2004 90008 017 ****70.00 DOCUMENT # N97000001507 SISTÉRS AND BROTHERS FOREVER, INC. **48000004** Principal Place of Business Mailing Address 1925 SW 8 ST 1925 SW 8 ST MIAMI, FL 33185 US MIAMI, FL 33185 115 2. Principal Place of Business 3. Mailing Address 1925 South West 8 St. 1925 South West 8 St. Suite, Apt. #, etc. Suite, Apt. #, etc. 02062004 Chq-NP CR2E037 (10/03) City & State City & State 4. FEI Numbe Applied For 65-0750853 Miami, FL Not Applicable <u>Miami, Fl</u> Country Country Zip \$8,75 Additional 5. Certificate of Status Desired USA 33135 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Villalba, Jorge S. VILLALBA, JORGE S Street Address (P.O. Box Number is Not Acceptable) 6415 South West 133 Court 1925 SW 8 ST MIAMI, FL 33135 Miami 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. 02/09/04 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITI F ☐ Addition ▼ Change VILLALBA, JORGE S NAME NAME 6415 South west 133 Court STREET ADDRESS **2454 SW 8 STREET** STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33135 CITY-ST-ZIP Miami, FL 33183 DV ☐ Delete TITLE ☐ Change ☐ Addition TRUEBA, CARMINA NAME NAME 1545 TRILLO AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLE, FL CITY-ST-ZIE TITLE ☐ Delete ☐ Change ☐ Addition SEGUROLA, ALFREDO NAME NAME

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.

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SIGNATURE:

STREET ADDRESS

STREET ADORESS

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STREET ADDRESS CITY-ST-ZIP

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TITLE

NAME

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TITLE

NAME

12425 SW 14TH STREET

MIAMI, FL

PEREZ, NICOLAS

MIAMI, FL 33135

CASAS, RAUL R

MIAMI, FL 33125

2024 NW 6 ST

2454 SW 8 STREET

DVP

eters SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raul Casas

02/09/04

2046 South West 103 Court

Miami, FL 33165

305-631-0700

FILED Feb 18, 2004 8:00 am

☐ Change

Change

☐ Change

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Addition