

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

FILED

04 MAY 10 PM 6:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

24068088

DOCUMENT # N97000001507

1. Entity Name
SISTERS AND BROTHERS FOREVER, INC.



Principal Place of Business
1925 SW 8 ST
MIAMI, FL 33135 US

Mailing Address
1925 SW 8 ST
MIAMI, FL 33135 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262004

Chg-NP

CR2E037 (10/03)

4. FEI Number

65-0750853

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VILLALBA, JORGE S
6415 SOUTH WEST 133 COURT
MIAMI, FL 33183

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

Amended AR is \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	VILLALBA, JORGE S	
STREET ADDRESS	6415 SOUTH WEST 133 COURT	
CITY-STATE-ZIP	MIAMI, FL 33183	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TRUEBA, CARMINA	
STREET ADDRESS	1545 TRILLO AVE.	
CITY-STATE-ZIP	CORAL GABLE, FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SEGUROLA, ALFREDO	
STREET ADDRESS	12425 SW 14TH STREET	
CITY-STATE-ZIP	MIAMI, FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	PEREZ, NICOLAS	
STREET ADDRESS	2454 SW 8 STREET	
CITY-STATE-ZIP	MIAMI, FL 33135	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CASAS, RAUL R	
STREET ADDRESS	2046 SOUTH WEST 103 COURT	
CITY-STATE-ZIP	MIAMI, FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	700036995127
CITY-STATE-ZIP	05/21/04--01059--026 **61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Board of directors
STREET ADDRESS	chairman
CITY-STATE-ZIP	Raul Mestre
	2250 SW 131 Place
	Miami, FL 33182

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: Jorge S. Villalba 04-26-04 305-631-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

6