


2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N94000005475		
1. Entity Name THE CEJAS FAMILY FOUNDATION, INC.		

Principal Place of Business 420 LINCOLN ROAD, STE 2D MIAMI BCH, FL 33139 US	Mailing Address PO BOX 191679 MIAMI BEACH, FL 33119-1679 US
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2. Principal Place of Business 420 Lincoln Road Suite, Apt. #, etc. Suite 2D City & State Miami Beach, Florida Zip 33139	3. Mailing Address P. O.Box 191679 Suite, Apt. #, etc. City & State Miami, Florida 33119-1679 Zip 33119-1679 Country Dade
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03272003 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0534149	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PLC INVESTMENTS INC. 420 LINCOLN ROAD, STE 2D MIAMI BCH, FL 33139
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 420 Lincoln Road Suite 2D City Miami Beach, FL Zip Code 33139
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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.

800038353968
06/28/04--01059--002 **\$61.25

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Amended AR is \$61.25	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CEJAS, HELENE C 420 LINCOLN ROAD, STE 2D MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MONTERO, HILDA C 420 LINCOLN ROAD, STE 2D MIAMI BCH, FL 33139 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CEJAS, PAUL L 420 LINCOLN ROAD, STE 2D MIAMI BCH, FL 33139 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT CEJAS, GERTIE 420 LINCOLN ROAD, STE 2D MIAMI, FL 33139 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKOFSKY, TIFFANY 420 LINCOLN ROAD, STE 2D MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 420 Lincoln Road, Suite 2D Miami Beach, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 420 Lincoln Road, Suite 2D Miami Beach, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 420 Lincoln Road, Suite 2D Miami Beach, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Director & Vice President 420 Lincoln Road, Suite 2D Miami Beach, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director & Treasury Sandra Rodriguez 420 Lincoln Road, Suite 2D Miami Beach, FL 33139

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: <u>Hilda C. Montero</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	6/8/04 305-531-5220 Date Daytime Phone #
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FILED
04 JUN 10 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

