

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 AUG -5 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07152004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3367201

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SKRLD, INC.
201 ALHAMBRA CIRCLE, SUITE 1102
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROLAND, SANGUINO	
STREET ADDRESS	11608 NW 51 TERR	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEMAREST, WILLIAM	
STREET ADDRESS	11491 NW 51 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KOBY, SUSAN	
STREET ADDRESS	5073 NW 114 CT.	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	UALACRINO, MARITZA	
STREET ADDRESS	5134 NW 114	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DEMAREST, WILLIAM	
STREET ADDRESS	11491 NW 51 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ROAMAN, NEVILLE	
STREET ADDRESS	5085 NW 114 PATH	
CITY-ST-ZIP	MIAMI, FL 33178	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carlos Silva	
STREET ADDRESS	5132 NW 114 CT	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	T.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Raul Arrarte	
STREET ADDRESS	5068 NW 114 CT	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	S.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jorge Zuluaga	
STREET ADDRESS	11501 NW 50 TER	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUAN A. TREVIÑO	
STREET ADDRESS	11491 NW 50 TERR	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #