2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# 727508

Entity Name: ORGANIZACION DEMOCRATA PUERTORRIQUENA, INC.

Current Principal Place of Business:

P.O. BOX 832036
MIAMI, FL 33283 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 832036
MIAMI, FL 33283 US

New Mailing Address:

FEI Number: 23-7431746 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARO, ALICIA S
1576O SW 148 TERRACE
MIAMI, FL 33196

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MALDONADO, JACOB
Address: 525 NW 27 AVENUE
City-St-Zip: MIAMI, FL 33125

Title: D ( ) Delete
Name: BARO, ALICIA
Address: 15760 SW 148TH TERR
City-St-Zip: MIAMI, FL 33196

Title: SVP ( ) Delete
Name: BERMEJO, AL
Address: 605 E 8TH LANE
City-St-Zip: HIALEAH, FL 33010

Title: TD ( ) Delete
Name: VENEGAS, NORAH
Address: 1400 SALZEDO ST # 401
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: SANTIAGO, DONNA
Address: 151 E 17 STREET
City-St-Zip: HIALEAH, FL 33010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORAH VENEGAS TD 04/29/2004

Electronic Signature of Signing Officer or Director Date