



2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 728004 1. Entity Name FLAGLER 39 ASSOCIATION, INC.				FILED 04 NOV 30 AM 10: 12 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business C/O INALBIS DE LA TORRE 3917 W FLAGLER D-8 MIAMI, FL 33134		Mailing Address FLAGLER 39 ASSN 3917 W FLAGLER D-8 MIAMI, FL 33134			
2. Principal Place of Business GUSTAVO ESCALONA Suite, Apt. #, etc. 4A		3. Mailing Address 3903 W FLAGLER ST Suite, Apt. #, etc.			
City & State MIAMI FL Zip 33134		City & State City Country			
4. FEI Number NOT APPLICABLE		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE LA TORRE, INALBIS 3917 W. FLAGLER STREET, #D8 MIAMI, FL 33134				7. Name and Address of New Registered Agent Name RAUL GRANA Street Address (P.O. Box Number is Not Acceptable) 3911 W- FLAGLER ST AT 6-C MIAMI FL 33134 City FL Zip Code 33134	
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 <u><i>Raul Grana</i></u> RAUL GRANA <u>11/27/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	RAUL GRANA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDES, MERCEDES		NAME	3911 W. FLAGLER ST AT 6-C	
STREET ADDRESS	3901 W. FLAGLER ST., APTO A-1		STREET ADDRESS	MIAMI FL, 33134	
CITY-ST-ZIP	MIAMI, FL 33134		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	ANGEL TOMAS PEDRAJA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALECH, ALEIDA		NAME	3907 W. FLAGLER ST. APT 1B	
STREET ADDRESS	3915 W FLAGLER ST #D-5		STREET ADDRESS	MIAMI FL, 33134	
CITY-ST-ZIP	MIAMI, FL 33134		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	GUSTAVO ESCALONA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA TORRE, INALBIS		NAME	3903 W FLAGLER ST AT. 4D	
STREET ADDRESS	3917 W FLAGLER ST, APTO D-8		STREET ADDRESS	MIAMI FL 33134	
CITY-ST-ZIP	MIAMI, FL 33134		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u><i>Raul Grana</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>11/27/04</u> <small>Date</small>		<u>305 649-1404</u> <small>Daytime Phone #</small>	