

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # 759057**

1. Entity Name  
**JORGE MAS CANOSA FREEDOM FOUNDATION, INC.**



Principal Place of Business

**1312 SW 27 AVE  
MIAMI, FL 33145**

Mailing Address

**1312 SW 27 AVE  
MIAMI, FL 33145**

**DO NOT WRITE IN THIS SPACE**



04232004 No Chg-NP

CR2E037 (10/03)

4. FEI Number  
**59-2122621**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**COSTA, TONY  
22290 SW 172ND AVE  
MIAMI, FL 33170**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MAS, IRMA
STREET ADDRESS	3155 NW 77 AVENUE
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	TD
NAME	MAS, JUAN C
STREET ADDRESS	311 LEUCADENDRA DRIVE
CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE	VT
NAME	MAS, JUAN C
STREET ADDRESS	311 LEUCADENDRA DRIVE
CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE	S
NAME	MAS, JOSE R
STREET ADDRESS	8540 OLD CUTLER ROAD
CITY-ST-ZIP	CORAL GABLES, FL 33143
TITLE	SD
NAME	MAS, JOSE R
STREET ADDRESS	8540 OLD CUTLER ROAD
CITY-ST-ZIP	CORAL GABLES, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000034113030

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IN THIS SPACE**

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

4/23/04 (202) 298-6445

Date

Daytime Phone #