2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004
Secretary of State

DOCUMENT# F01000004580

Entity Name: ASOCIACION OFICINA DE PROMOCION Y DESAROLLO SOCIAL, INC.

Current Principal Place of Business:

3465 NW 36TH STREET
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

P.O BOX 52-7900
MIAMI, FL 33152

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZIRENA, R. GLADYS
5465 NW 36TH ST.
MIAMI, FL 33166 US

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:	SILVA, HERNAN B	
Address:	CALLE 80 B #39-24 BARRAQUILLA	
City-St-Zip:	COLUMBIA,	
Title:	V	( ) Delete
Name:	SIERRA, JUAN	
Address:	CALLE 80 B #39-24 BARRAQUILLA	
City-St-Zip:	COLUMBIA,	
Title:	S	( ) Delete
Name:	CALDERA, ROSMARY	
Address:	CALLE 80B #39-24	
City-St-Zip:	COLUMBIA,	
Title:	T	( ) Delete
Name:	BARRIOS, FIANOR	
Address:	CALLE 80 B #39-24 BARRAQUILLA	
City-St-Zip:	COLUMBIA,	
Title:	C	( ) Delete
Name:	GUTIERREZ, RAFAEL	
Address:	CARTAGENA 6698902	
City-St-Zip:	S,	
Title:	VC	( ) Delete
Name:	BARRAZA, GIL	
Address:	AVE. ALFONSO LOPEZ, SINCELEJO	
City-St-Zip:	TEL 57-52822336,	

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:	
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: HERNAN BRAVO MR. 04/21/2004

Electronic Signature of Signing Officer or Director — Date