2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F48144 1. Entity Name AFRO-CUBAN LUCUMI ASSOCIATION INC.				Feb 09, 2004 08:00 AM Secretary of State
Principal Plac	ce of Business	Mailing Address	<u> </u>	
836 NE 82 5 MIAMI FL 3 US	ST	PO BOX 1158 MIAMI FL 33142 US		
2. Principal F	Place of Business	3. Mailing Address		
Suite, Apt. #, etc. Showe As Abrue		Suite, Apt. #, etc.	e Above	MOORE CR2E034 (11/03)
City & Stat		City & State		4. FE) Number 59-2125638 Applied For
7:0	Country	7in	Country	Mot Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current I	Registered Agent	Name	7. Name and Address of New Registered Agent
ZAMORA, RIGOBERTO			<u></u>	
836 N.E. 82 ST			Street Address	s (P.O. Box Number is Not Acceptable)
MIA	MI FL 33138			
***************************************			City	FL Zip Code
	e named entity submits this statement for tions of registered agent.	the purpose of changing its r	egistered office or regist	fered agent, or both, in the State of Florida. I am familiar with, and accept
sie oonga	RIDINS OF REGISTER AGENT.	Amona K		-0-5-04
SIGNATURE	Signature Lyped or printed name of registered agent a		Régistered Agent signature requi	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	<u> </u>	111.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	P	Defete	TITLE	☐ Change ☐ Addition
NAME	ZAMORA, RIGOBERTO		NAME OTHER ADDRESS	U00000042547 02/10/04-80027-024 150.00
STREET ADDRESS CITY-ST-ZIP	836 NE 82 ST MIAMI FL 33142		STREET ADDRESS CITY-ST-ZIP	02/10/04-80027-024 150.00
IIIFE	DS	☐ Delete	TETLE	☐ Change ☐ Addition
NAME	FLORES, PEDRO		NAME	
STREET ADDRESS CITY-ST-ZIP	1140 S.W. 3 ST., APT F MIAMI FL 33130		STREET ADDRESS CITY+ST-ZIP	
TITLE	7	☐ Belete	TITLE	☐ Change ☐ Addition
NAME	RIVERA, VIVIAN		NAME	
STREET ADDRESS CITY-ST-ZIP	2536 VAN BUREN ST., APT 3A HOLLYWOOD FL 33020		STREET ADDRESS CITY-ST-ZIP	
MILE		☐ Defete	THE	☐ Change ☐ Addition
NAME	1		■	
STREET ADDRESS			NAME CTOCKY ADDRESS	
COTY-ST-ZEP			STREET ADDRESS CHY-SI-ZIP	
TITLE		☐ Delete	STREET ADDRESS	☐ Change ☐ Addition
TITLE NAME		. Delete	STREET ADDRESS CHY-ST-ZIP UTLE NAME	☐ Change ☐ Addition
TITLE		☐ Delate	STREET ADDRESS CHY-ST-ZIP DRILE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	STREET ADDRESS CITY-ST-ZIP DIFLE NAME STREET ADDRESS	☐ Change ☐ Addition ☐ Change ☐ Addition
THRE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME		<u> </u>	STREET ADDRESS CHY-SI-ZIP BYLE NAME STREET ADDRESS CHY-SI-ZIP TITLE NAME	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>	STREET ADDRESS CHY-SI-ZIP BYLE NAME STREET ADDRESS CHY-SI-ZIP TITLE	

12. I hereby certify that the information supplied with this filling 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 607, 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:

CONTROL STORE OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

2-4-05 =

FILED

Dayome Phone # 332