

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90026 004 ****61.25

44010007



03082004 Chg-NP CR2E037 (10/03)

4. FEI Number
06-1500091

Applied For	
Not Applicable	

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DIAZ-TORRE, EMILIO	
STREET ADDRESS	393 DERBY AVENUE	
CITY-ST-ZIP	ORANGE, CT 06477	

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	LARSON, JAMES	
STREET ADDRESS	89 W. LOGAN STREET	
CITY-ST-ZIP	LEMONT, IL 60439	

TITLE	TSB	<input checked="" type="checkbox"/> Delete
NAME	SABADELL, JUAN	
STREET ADDRESS	584 COLUMBUS AVENUE	
CITY-ST-ZIP	THORNWOOD, NY 10594	

TITLE	D	<input type="checkbox"/> Delete
NAME	LASANA, ANDRE	
STREET ADDRESS	89 WEST LOGAN STREET	
CITY-ST-ZIP	LEMONT, IL 60439	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUS O'CARROLL	
STREET ADDRESS	432 LIGUORI RD	
CITY-ST-ZIP	EDGERTON, WI 53534	

TITLE	TSB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSE F. ORTEGA	
STREET ADDRESS	582 COLUMBUS AVE	
CITY-ST-ZIP	THORNWOOD, NY 10594	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/04

Date

(914) 773-1368

Daytime Phone #