

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

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000000935
1. Entity Name
JOSEFA PEREZ DE CASTANO KIDNEY FOUNDATION, INC.

Principal Place of Business 970 S.W. 1ST STREET 407 MIAMI, FL 33130	Mailing Address 825 S.W. 28TH ROAD MIAMI, FL 33129
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DO NOT WRITE IN THIS SPACE



07022004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0992434	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
**PEREZ, MARIA C
825 S.W. 28TH ROAD
MIAMI, FL 33129**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1100000165500
07/12/04-80016-010 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, MARIA C 825 S.W. 28TH ROAD MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PEREZ, JULIO A 3554 N.W. 12TH ST. MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD APARICIO, ELOY P 1171 S.W. 8TH ST. MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ **7-1-04 786-512 3823**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #