

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000937

FILED
Apr 15, 2004
Secretary of State**Entity Name:** SOLIDARITY WORLD NETWORK RED MUNDIAL DE SOLIDARIDAD INC.,**Current Principal Place of Business:**PO BOX 950343
LAKE MARY, FL 327950343**New Principal Place of Business:****Current Mailing Address:**PO BOX 950343
LAKE MARY, FL 327950343**New Mailing Address:**P.O. BOX 11366
RICHMOND, VA 23230**FEI Number:** 55-0849631**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CONTAX GONZALEZ SERVICE CORP
4142 W OAKLAND RD
102
ORLANDO, FL 32809 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: PD () Delete
Name: BASTIDAS PINEDA, CARMEN HELENA
Address: PO BOX 950343
City-St-Zip: LAKE MARY, FL 327950343

Title: VPD () Delete
Name: BASTIDAS PINEDA, JULIO CESAR
Address: PO BOX 950343
City-St-Zip: LAKE MARY, FL 327950343

Title: SD () Delete
Name: PINEDA SUAREZ, ANA D
Address: PO BOX 950343
City-St-Zip: LAKE MARY, FL 327950343

Title: D () Delete
Name: LOPEZ, MAURICIO A
Address: PO BOX 950343
City-St-Zip: LAKE MARY, FL 327950343

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:

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: CARMEN H. BASTIDAS

PD

04/15/2004

Electronic Signature of Signing Officer or Director

Date