

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001038

FILED
Jul 12, 2004
Secretary of State**Entity Name:** SOCIEDAD SECRETA DE DON JUANES, INC.**Current Principal Place of Business:**P.O. BOX 278311
MIRAMAR, FL 33027**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 278311
MIRAMAR, FL 33027**New Mailing Address:****FEI Number:** 65-1072890**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**IZQUIERDO, ORESTES
11697 SW 19 STREET
MIRAMAR, FL 33025 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:** D () Delete
Name: IZQUIERDO, ORESTES
Address: 11697 SW 19 ST
City-St-Zip: MIRAMAR, FL 33025**Title:** D () Delete
Name: BARRIOS, JESUS M
Address: 7131 SW 11 ST
City-St-Zip: PEMBROKE PINES, FL 33023**Title:** D () Delete
Name: CALDERON, JOSEPH
Address: 631 EAST 38 ST
City-St-Zip: HIALEAH, FL 33012**Title:** O () Delete
Name: IZQUIERDO, ORESTES
Address: 11697 SW 19 ST
City-St-Zip: MIRAMAR, FL 33025**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: ORESTES IZQUIERDO

D

07/12/2004

Electronic Signature of Signing Officer or Director

Date