2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000003821

1. Entity Name
ZOILA GLORIA BOLANOS FOUNDATION, INC.

Principal Place of Business	Mailing Address
3370 NE 190 ST., STE. 1801 HIDDEN BAY TOWER #1 AVENTURA, FL 33180	3370 NE 190 ST., STE. 1801 HIDDEN BAY TOWER #1 AVENTURA, FL 33180

DO NOT WRITE IN THIS SPACE

04082004 No Chg-NP CR2E037 (10/03)

4. FEI Number
03-0414374
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOLANOS PONS, ZOILA G
3370 NE 190 ST., STE. 1801
HIDDEN BAY TOWER #1
AVENTURA, FL 33180

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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: [signature] 4-8-04
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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BOLANOS, ZOILA G
STREET ADDRESS	3370 NE 190 ST., STE. 1801
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	D
NAME	NUNEZ, FERNANDO
STREET ADDRESS	3370 NE 190 ST., STE. 1801
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	D
NAME	CHAVEZ, GLORIA O
STREET ADDRESS	3370 NE 190 ST., STE. 1801
CITY-ST-ZIP	AVENTURA, FL 33180
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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04/13/04-80033-002 70.00

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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)(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] 4-8-04
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #