

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

DOCUMENT# N00000007799

**FILED**  
**May 27, 2004**  
**Secretary of State****Entity Name:** INNER-CITY CHARITIES OF MIAMI, INC.**Current Principal Place of Business:**PO BOX 591193  
MIAMI, FL 33159**New Principal Place of Business:**P O BOX 591193  
MIAMI, FL 33159**Current Mailing Address:**972 NW 106 AVE CIR  
SUITE 101  
MIAMI, FL 33172**New Mailing Address:**P O BOX 591193  
MIAMI, FL 33159**FEI Number:** 65-1056964**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**TUPACYUPANQUI, LUIS I  
972 NW 106TH AVE CIRCLE  
FOUNTAIN BLEAU, FL 33172**Name and Address of New Registered Agent:**SANCHEZ, CARLOS  
P O BOX 591193  
MIAMI, FL 33159

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: CARLOS SANCHEZ

05/27/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PCD ( ) Delete  
Name: TUPACYUPANQUI, LUIS I  
Address: PO BOX 591193  
City-St-Zip: MIAMI, FL 33159

Title: SD ( ) Delete  
Name: TUPACYUPANQUI, ALBA  
Address: PO BOX 591193  
City-St-Zip: MIAMI, FL 33159

Title: D (X) Delete  
Name: CORNEJO, MARIA ELENA  
Address: PO BOX 591193  
City-St-Zip: MIAMI, FL 33159

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/S (X) Change ( ) Addition  
Name: SANCHEZ, CARLOS  
Address: PO BOX 591193  
City-St-Zip: MIAMI, FL 33159

Title: D (X) Change ( ) Addition  
Name: CORNEJO, MARIA ELENA  
Address: PO BOX 591193  
City-St-Zip: MIAMI, FL 33159

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: CARLOS SANCHEZ

P/S

05/27/2004

Electronic Signature of Signing Officer or Director

Date