

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

DOCUMENT# N01000000279

**FILED**  
**Jul 15, 2004**  
**Secretary of State****Entity Name:** CIAPR - CAPITULO ESPECIAL DEL ESTADO DE FLORIDA, USA, INC.**Current Principal Place of Business:**911 N. MAIN ST  
STE 7 A  
KISSIMMEE, FL 34744**New Principal Place of Business:****Current Mailing Address:**911 N. MAIN ST  
STE 7 A  
KISSIMMEE, FL 34744**New Mailing Address:****FEI Number:** 59-3695722**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**OROZCO, REINALDO  
5222 FOREST EDGE CT  
SANFORD, FL 32771**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/P ( ) Delete  
Name: RODRIGUEZ-CARAZO, GABRIEL PE  
Address: 3186 OAK PARK DR  
City-St-Zip: LAKE LAND, FL 33803

Title: D/V ( ) Delete  
Name: PEREZ-MORALES, JOSE O PE  
Address: 4612 PALACE PLACE  
City-St-Zip: TITUSVILLE, FL 32796

Title: D/S ( ) Delete  
Name: DAVILA, JOSE A PE  
Address: 237 JESSICA LANE  
City-St-Zip: KISSIMMEE, FL 34744

Title: D/T ( ) Delete  
Name: OROZCO, REINALDO PE  
Address: 5222 FOREST EDGE CT.  
City-St-Zip: LAKE FOREST, FL 32771

Title: D/A ( ) Delete  
Name: MATOS, FELIX PE  
Address: 1321 LAKE BISCAYNE WAY  
City-St-Zip: ORLANDO, FL 32824

Title: D ( ) Delete  
Name: CABALLERO, JAIME PE  
Address: 1910 CHABLIS COURT  
City-St-Zip: VALRICO, FL 33594

**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:

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: FELIX MATOS

TREA

07/15/2004

Electronic Signature of Signing Officer or Director

Date