

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

FILED
May 17, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000002525

1. Entity Name

PEACE AND HOPE FOR THE CHILDREN OF COLOMBIA
INC.



Principal Place of Business

4315 ROYAL PALM AVENUE
MIAMI BEACH, FL 33140

Mailing Address

4315 ROYAL PALM AVENUE
MIAMI BEACH, FL 33140



03052003 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1095993

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIERRA, ALEXANDRA
4315 ROYAL PALM AVENUE
MIAMI BEACH, FL 33140

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IN THIS SPACE**

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, 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 September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

000000160742
05/17/04-80011-017 61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME SIERRA, VIRGILIO
STREET ADDRESS 4315 ROYAL PALM AVENUE
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE D
NAME SIERRA, ALEXANDRA
STREET ADDRESS 4315 ROYAL PALM AVENUE
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE D
NAME SIERRA, JENNIFER
STREET ADDRESS 4315 ROYAL PALM AVENUE
CITY-ST-ZIP MIAMI BEACH, FL 33140

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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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/13/04

Date

305 6728064

Daytime Phone #