2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 07, 2005 08:00 AM Secretary of State DOCUMENT # N01000002525 1. Entity Name PEACE AND HOPE FOR THE CHILDREN OF COLOMBIA INC. Principal Place of Business Mailing Address _4316 ROYAL PALM AVENUE MIAMI BEACH FL 33140 4315 ROYAL PALM AVENUE MIAMI BEACH FL 33140 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) 1st MOORE Applied For City & State City & State 4. FEI Number 65-1095993 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SIERRA, ALEXANDRA Street Address (P.O. Box Number is Not Acceptable) 4315 ROYAL PALM AVENUE MIAMI BEACH FL 33140 Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. מ Change Addition MILE Delete TILLE SIERRA, VIRGILIO NAME NAME 4315 ROYAL PALM AVENUE STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-ZIP CHY-SI-ZIP ☐ Change ☐ Addition ☐ Delete HILE THE SIERRA, ALEXANDRA NAME 4315 ROYAL PALM AVENUE STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-ZIP CITY ST-ZIP ☐ Delete MILE Change □ Addition SIERRA, JENNIFER NAME NAME U00000292631 4315 ROYAL PALM AVENUE STREET ADDRESS STREET ADDRESS 04/07/05-80077-011 61.25 CHY-SI-ZIP MIAMI BEACH FL 33140 CHY-ST-ZIP Change Addition ☐ Defete TITE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Delete HILF TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-SI-ZIP Change ☐ Addition IIILE 🗀 Delete THEF NAME NAME STREET ADDRESS STHEET ADDRESS CITY-ST-ZP CITY-ST-ZIP

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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:

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