## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## FILED Apr 26, 2004 8:00 am Secretary of State DOCUMENT # N01000002817 1. Entity Name 04-26-2004 90520 018 \*\*\*\*61.25 LA MANO AMIGA INTERNACIONAL, INC. Principal Place of Business Mailing Address 705 E BELLA VISTA STREET LAKELAND FL 33805 705 E BELLA VISTA STREET LAKELAND FL 33805 4040183 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CR2E037 (11/03) MOORE City & State City & State Applied For 4. FEI Number 59-3712274 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AMADOR, LEONIDES P 705 E BELLA VISTA STREET Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33805 City 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. 57 TITLE Delete **X** Addition TITLE ☐ Change PENTON, LEONIDES ANA E. GREENE NAME NAME 705 E BELLA VISTA STREET STREET ADDRESS STREET ADDRESS DRIVE 1705 ITCHEPACKESASSA LAKELAND FL 33805 LAKELAND 33810 CITY - ST- ZIP CITY-ST-70 TITLE ☐ Delete ☐ Change Addition TITLE DIAZ-DE-PENTON, ZENAIDA C NAME 705 E BELLA VISTA STREET STREET ADDRESS STREET ADDRESS LAKELAND FL 33805 CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change Addition TITLE COLON, JOSE NAME NAME 34910.ANSLEY\_AVE. STREET... STREET ADDRESS STREET ADDRESS DADE CITY FL 33523 CITY-ST-ZIP CITY-ST-ZIP TITLE M Delete TITLE ☐ Change ☐ Addition ALVARADO, MARIEL S NAME NAME 8911 SABODA COURT STREET ADDRESS STREET ADDRESS TAMPA FL 33634 CITY-ST-ZIP CITY-ST-ZIP X Delete TITLE TITLE ☐ Change Addition MOATES, BLANCA NAME NAME 5108 MISSION HILL APT 330 STREET ADDRESS STREET ADDRESS TAMPA FL 33617 City-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-2609

Daytime Phone #