2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007220

Entity Name: CENTRO FAMILIAR VINO NUEVO, INC.

Apr 29, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1015 OLD BOYNTON ROAD BOYNTON BEACH, FL 33426 US

Current Mailing Address: New Mailing Address:

P O BOX 244183 BOYNTON BEACH, FL 334244183

FEI Number: 65-1145113 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MORALES, MIGUEL JR MORALES, MIGUEL JR 9795 LAGÓ DR PO BOX 244183

BOYNTON BEACH, FL 33437 US BOYNTON BEACH, FL 334244183 US

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: 04/29/2004

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

PADRON, MARGARITA C PADRON, MARGARITA C Name: Name:

9795 LAGO DR Address: PO BOX 244183 Address: BOYNTON BEACH, FL 33437

City-St-Zip: City-St-Zip: BOYNTON BEACH, FL 334244183

Title: PD () Delete Title: (X) Change () Addition

Name: MORALES, MIGUEL JR Name: MORALES, MIGUEL JR Address: 9795 LAGO DR Address: PO BOX 244183

City-St-Zip: BOYNTON BEACH, FL 33437 City-St-Zip: BOYNTON BEACH, FL 334244183

Title: () Delete Title: SD (X) Change () Addition

MORALES, MARIA P Name: MORALES, MARIA P Name: Address: 9795 LAGO DR Address: PO BOX 244183

City-St-Zip: BOYNTON BEACH, FL 33437 City-St-Zip: BOYNTON BEACH, FL 334244183

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: MIGUEL MORALES JR PD 04/29/2004