2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004
Secretary of State

DOCUMENT# N01000008175

Entity Name: DOMINICAN REPUBLIC CIVIC AND CULTURAL ORGANIZATION AYUDAME OF PALM BEACH COUNTY INC.

Current Principal Place of Business:

1610 ROYAL FOREST CT.
W. PALM BCH, FL 33406

New Principal Place of Business:

Current Mailing Address:

1610 ROYAL FOREST CT.
W. PALM BCH, FL 33406

New Mailing Address:

FEI Number: 65-0911079 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUIZ, NEREYDA
1610 ROYAL FOREST CT.
W. PALM BCH, FL 33406

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: PD ( ) Delete
Name: COLLADO, SILVERIO
Address: 2130 SHERWOOD FOREST BLVD., APT. 14
City-St-Zip: W. PALM BCH, FL 33415

Title: VD ( ) Delete
Name: GASTON, CHRISTIANA
Address: 4715 ORLEANS CT., APT. D
City-St-Zip: W. PALM BCH, FL 33415

Title: TD ( ) Delete
Name: RODRIGUEZ, RAFAEL
Address: 6028 FOREST HILL BLVD.
City-St-Zip: W. PALM BCH, FL 33415

Title: SD ( ) Delete
Name: CASTILLO, JACQUELINE
Address: 365 MADDOCK ST.
City-St-Zip: W. PALM BCH, FL 33405

Title: CEOP ( ) Delete
Name: RUIZ, NEREYDA
Address: 1610 ROYAL FOREST CT.
City-St-Zip: W. PALM BCH, FL 33406

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:

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: NEREYDA RUIZ CEOP 03/01/2004
Electronic Signature of Signing Officer or Director — Date