

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

DOCUMENT# N02000002929

**FILED**  
**Jul 01, 2004**  
**Secretary of State****Entity Name:** FUNDACION LAS BRUMAS INC.**Current Principal Place of Business:**2800 NW 99TH AVENUE  
MIAMI, FL 33172**New Principal Place of Business:****Current Mailing Address:**2800 NW 99TH AVENUE  
MIAMI, FL 33172**New Mailing Address:****FEI Number:****FEI Number Applied For ( )****FEI Number Not Applicable (X)****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**MOREIRA, ELSA M  
2800 NW 99TH AVENUE  
MIAMI, FL 33172**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: MOREIRA, ELSA M  
Address: 2800 NW 99TH AVENUE  
City-St-Zip: MIAMI, FL 33172

Title: VP ( ) Delete  
Name: CHAVARIA, CLAUDIA  
Address: 15724 SW 85 LN.  
City-St-Zip: MIAMI, FL 33193

Title: D ( ) Delete  
Name: MARTINEZ, GONZALO  
Address: 7185 W 31 AVE  
City-St-Zip: HIALEAH, FL 33018

Title: VP ( ) Delete  
Name: MARTINEZ, CLAUDIA  
Address: 7185 W 31 AVE  
City-St-Zip: HIALEAH, FL 33018

Title: SD ( ) Delete  
Name: ZELEDON, SERGIO  
Address: 15955 SOUTHWEST 81 STREET  
City-St-Zip: MIAMI, FL 33193

Title: D ( ) Delete  
Name: ORTEGA, LEANA  
Address: 1177 SW 104 CT  
City-St-Zip: MIAMI, FL 33174

**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:

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: ELSA M. MOREIRA

PD

07/01/2004

Electronic Signature of Signing Officer or Director

Date