2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004
Secretary of State

DOCUMENT# N02000002974

Entity Name: IMMIGRATION AID CONSULTANTS, INC.

Current Principal Place of Business:

3401 LINDSEY ST.
DOVER, FL 33527

New Principal Place of Business:

Current Mailing Address:

3401 LINDSEY ST.
DOVER, FL 33527

New Mailing Address:

FEI Number: 03-0429853 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FELIX, HEIDI I
2903 W REYNOLDS ST
PLANT CITY, FL 33563 US

Name and Address of New Registered Agent:

TREJO, CLAUDIA F
3401 LINDSEY ST
DOVER, FL 33527 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: CLAUDIA F TREJO 03/18/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FELIX, MARIA G
Address: 3401 LINDSEY ST.
City-St-Zip: DOVER, FL 33527

Title: STD ( ) Delete
Name: FELIX, CLAUDIA
Address: 3401 LINDSEY ST.
City-St-Zip: DOVER, FL 33527

Title: VD ( ) Delete
Name: FELIX, JESUS
Address: 3401 LINDSEY ST.
City-St-Zip: DOVER, FL 33527

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: FELIX, CLAUDIA
Address: 3401 LINDSEY ST.
City-St-Zip: DOVER, FL 33527

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T ( ) Change (X) Addition
Name: FELIX, YADIRA
Address: 3401 LINDSEY ST
City-St-Zip: DOVER, FL 33527 US

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: MARIA G FELIX PD 03/18/2004
Electronic Signature of Signing Officer or Director Date