2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90343 038 ****61.25

DOCUMENT # N02000003646

1. Entity Name
DR. LUCIA LORENZO FOUNDATION, INC.

Principal Place of Business	Mailing Address
9321 SOUTHWEST 100TH AVENUE ROAD MIAMI, FL 33165	POST OFFICE BOX 141307 MIAMI, FL 33134

DO NOT WRITE IN THIS SPACE

04262004 No Chg-NP CR2E037 (10/03)

4. FEI Number
03-0442198

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LORENZO, LUIS
218 SANTILLANE AVE.
STE. #1
CORAL GABLES, FL 33134

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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, required when exactly matches name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	LORENZO, ENID
STREET ADDRESS	9321 SOUTHWEST 100TH AVENUE ROAD
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	SVD
NAME	BRITO, BEATRIZ
STREET ADDRESS	9321 SOUTHWEST 100TH AVENUE ROAD
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	D
NAME	LORENZO, LUIS
STREET ADDRESS	9321 SOUTHWEST 100TH AVENUE ROAD
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: Luis F. Lorenzo 4/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone