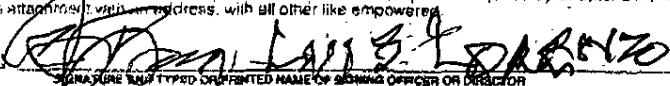
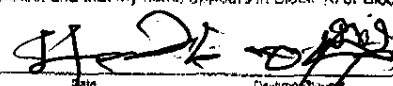


FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90343 038 ****61.25

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

DOCUMENT # N02000003646		
1. Entity Name DR. LUCIA LORENZO FOUNDATION, INC.		
Principal Place of Business 9321 SOUTHWEST 100TH AVENUE ROAD MIAMI, FL 33165		Mailing Address 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		DO NOT WRITE IN THIS SPACE
B. 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 of person in charge of registered agent and fee is applicable. (If filer: Registered Agent signature required when renewing) 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		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LORENZO, ENID 9321 SOUTHWEST 100TH AVENUE ROAD MIAMI, FL 33165	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD BRITO, BEATRIZ 9321 SOUTHWEST 100TH AVENUE ROAD MIAMI, FL 33165	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORENZO, LUIS 9321 SOUTHWEST 100TH AVENUE ROAD MIAMI, FL 33165	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 of 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 person 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   SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		