


**FILED**  
**Jul 30, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90026 004 \*\*\*\*61.25

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

**DOCUMENT # N02000006141**

1. Entity Name  
**ANA ALICIA FERNANDEZ'S GUARDIAN ANGELS, INC.**



Principal Place of Business  
**2440 CORAL WAY  
 MIAMI, FL 33145**

Mailing Address  
**2440 CORAL WAY  
 MIAMI, FL 33145**

**66431027**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

07082004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**56-2352068**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PINO, RAUL F  
 2440 CORAL WAY  
 MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file # applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by September 8, 2004**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DE J FERNANDEZ, ROGELIO 6000 GRANADA BLVD. CORAL GABLES, FL 33146</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD FERNANDEZ, ALICIA M 6000 GRANADA BLVD. CORAL GABLES, FL 33146</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S PINO, RAUL F 2440 CORAL WAY MIAMI, FL 33145</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PISTORINO, MARIA 6535 SW 123RD ST MIAMI, FL 33156</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FERNANDEZ, ANTONIO 2721 SW 29 AVE. MIAMI, FL 33133</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T FOYO, FELICIANO M 5915 GRANADA BLVD. CORAL GABLES, FL 33146</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Raul F. Pino* **RAUL F. PINO** 7-7-04 305-254-1904  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Attachment*  
Law Offices  
**PINO & ASSOCIATES, P.A**  
2440 Coral Way  
Miami, Florida 33145

66481027

Raul F. Pino, Esq.  
Isaura M. Pino, Esq.

*No 200006141*

Telephone (305) 854-1904  
Facsimile (305) 854-1937  
E-Mail: [pinolaw@bellsouth.net](mailto:pinolaw@bellsouth.net)

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July 28, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Attn: Annual Reports Section

Re: ANA ALICIA FERNANDEZ'S GUARDIAN ANGELS, INC.  
Reference No. 200006141

Dear Sir/Madam:

As per your request, enclosed please find the 2004 Annual Report already corrected for filing.

Your prompt attention to this matter will be greatly appreciated.

Sincerely yours,

*Raul F. Pino, Esq.*  
Raul F. Pino, Esq.

RFP/vv  
Encl.

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*Attachment*

~~Law Offices~~  
**PINO & ASSOCIATES, P.A.**  
2440 Coral Way  
Miami, Florida 33145

*66431027*  
*#NO2000006141*

Raul F. Pino, Esq.  
Isaura M. Pino, Esq.

Telephone (305) 854-1904  
Facsimile (305) 854-1937  
E-Mail: [abirm@bellsouth.net](mailto:abirm@bellsouth.net)

July 8, 2004

Secretary of Florida  
Division of Corporation  
Caller Service # 1500  
Tallahassee, FI 32302-1500.

Re: ANA ALICIA FERNANDEZ'S GUARDIAN ANGELS, INC

Gentlemen:

Enclosed please find your 2004 Annual Report Forms which has been completed and duly executed by the undersigned.

Also enclosed please find our check to cover your fees in the amount of \$ 61.25.

Do not hesitate to contact us if you should need any additional information.

Sincerely yours,

*Raul F. Pino, Esq.*  
RAUL F. PINO, ESQ

RFP/vv  
Encl