

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

DOCUMENT# N02000007594

**FILED**  
**May 03, 2004**  
**Secretary of State****Entity Name:** FUNDACION ABSOLUTOS PRINCIPIOS Y VALORES, INC.**Current Principal Place of Business:**220 THREE ISLAND BLVD., APT. 106  
HALLANDALE, FL 33009**New Principal Place of Business:****Current Mailing Address:**220 THREE ISLAND BLVD., APT. 106  
HALLANDALE, FL 33009**New Mailing Address:****FEI Number:** 57-1145066**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**INCORPORATE USA, INC.  
3150 SADY RIDGE DR.  
CLEARWATER, FL 33761 US**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: D ( ) Delete  
Name: MAHECHA, NIDIA A  
Address: 220 THREE ISLAND BLVD., APT. 106  
City-St-Zip: HALLANDALE, FL 33009

Title: D ( ) Delete  
Name: MAHECHA, RODRIGO  
Address: 220 THREE ISLAND BLVD., APT. 106  
City-St-Zip: HALLANDALE, FL 33009

Title: D ( ) Delete  
Name: DIAZ, GINA P  
Address: 220 THREE ISLAND BLVD., APT. 106  
City-St-Zip: HALLANDALE, FL 33009

**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:

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: GINA PAOLA DIAZ

DIRC

05/03/2004

Electronic Signature of Signing Officer or Director

Date