


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

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000008560
1. Entity Name
FUNDACION KANJOBAL GUATEMALTECA, INC.



Principal Place of Business Mailing Address
1101 N.W. 9TH COURT P.O. BOX 901331
HOMESTEAD, FL 33030 HOMESTEAD, FL 33030

DO NOT WRITE IN THIS SPACE



04132004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
75-3087248 Not Applicable

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

6. Name and Address of Current Registered Agent

FRANCISCO, ANTONIO LEON
1101 N.W. 9TH COURT
HOMESTEAD, FL 33030

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent 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

U00000110551
04/16/04-80073-010 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FRANCISCO, ANTONIO LEON 1101 N.W. 9TH COURT HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD JUAREZ, MARCOS 1141 NW 9TH ST HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS DIEGO, MIGUEL 1227 N.W. 12TH ST. HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA MARCOS, GERONIMO 1291 N.W. 10TH ST. HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRES PEDRO, ANDRES 600 N.W. 8TH AVE. HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: ** Antonio C. Francisco* Date: *4/13/04* Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR