


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000008871 <small>1. Entity Name</small> MI TIERRA Y CULTURA, INC.	
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<small>Principal Place of Business</small> 651 WEYBRIDGE COURT LAKE MARY, FL 32746	<small>Mailing Address</small> 651 WEYBRIDGE COURT LAKE MARY, FL 32746
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DO NOT WRITE IN THIS SPACE



04292004 No Chg-NP CR2E037 (10/03)

<small>4. FEI Number</small> 22-3883439	<small>Applied For</small> Not Applicable
<small>5. Certificate of Status Desired</small>	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OSTOLAZA, ANNETTE
651 WEYBRIDGE COURT
LAKE MARY, FL 32746

**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: *Annette Ostolaza*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/04
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**

U00000145595
05/03/04-80032-016 70.00

10. OFFICERS AND DIRECTORS

<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	PD OSTOLAZA, ANNETTE 651 WEYBRIDGE COURT LAKE MARY, FL 32746
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	STD SOTO, JOHN 651 WEYBRIDGE COURT LAKE MARY, FL 32746
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	VD ORTIZ, ILIA 651 WEYBRIDGE COURT LAKE MARY, FL 32746
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	

**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)(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: *Annette Ostolaza*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/04
Date

(407) 330-0722
Daytime Phone #