2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# N03000000062

Entity Name: BALLET FOLKLORICO BOLIVIA, INC.

Current Principal Place of Business:

5698 LAKE GEORGE PLACE
LAKE WORTH, FL 33463

New Principal Place of Business:

8761 PLACID TERRACE
LAKE WORTH, FL 33467

Current Mailing Address:

5698 LAKE GEORGE PLACE
LAKE WORTH, FL 33463

New Mailing Address:

8761 PLACID TERRACE
LAKE WORTH, FL 33467

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BARRIS, LILIAN N
5698 LAKE GEORGE PLACE
LAKE WORTH, FL 33463

Name and Address of New Registered Agent:

BARRIS, LILIAN N
8761 PLACID TERRACE
LAKE WORTH, FL 33467

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: LILIAN N. BARRIS 04/27/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BARRIS, LILIAN N
Address: 5698 LAKE GEORGE PLACE
City-St-Zip: LAKE WORTH, FL 33463

Title: VD ( ) Delete
Name: VILLAROEL, RICARDO
Address: 260 S CYPRESS RD
City-St-Zip: POMPANO BCH, FL 33060

Title: STD ( ) Delete
Name: BARRIS, ABILIO
Address: 5698 LAKE GEORGE PLACE
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BARRIS, LILIAN N
Address: 8761 PLACID TERRACE
City-St-Zip: LAKE WORTH, FL 33467

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: LILIAN N. BARRIS DIRE 04/27/2004
Electronic Signature of Signing Officer or Director Date