2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2004
Secretary of State

DOCUMENT# N03000000727

Entity Name: S.O.L. CHILDREN'S FOUNDATION, INC.

Current Principal Place of Business:

1541 BRICKELL AVE., TH#110
MIAMI, FL 33129

New Principal Place of Business:

9530 SW 95TH CT.
MIAMI, FL 33176

Current Mailing Address:

1541 BRICKELL AVE., TH#110
MIAMI, FL 33129

New Mailing Address:

9530 SW 95TH CT.
MIAMI, FL 33176

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

Name and Address of Current Registered Agent:

VELIZ, ANA M ESQ.
999 PONCE DE LEON BLVD.
PENTHOUSE 1120
CORAL GABLES, FL 33134 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: TOLEDO, LOURDES R
Address: 1541 BRICKELL AVE., TH#110
City-St-Zip: MIAMI, FL 33129

Title: D ( ) Delete
Name: VELIZ, ANA M
Address: 999 PONCE DE LEON BLVD., PH 1120
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: SHABBA, ELENA
Address: 151 SE 15 RD., UNIT #1402
City-St-Zip: MIAMI, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: TOLEDO, LOURDES R
Address: 9530 SW 95TH CT.
City-St-Zip: MIAMI, FL 33176

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: TOLEDO, LOURDES R D 05/11/2004

Electronic Signature of Signing Officer or Director — Date