

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001662

FILED  
Apr 19, 2004  
Secretary of State

Entity Name: TERCIARIOS DE LOS SAGRADOS CORAZONES, INC.

**Current Principal Place of Business:**

2700 GLADES CIRCLE STE 110  
WESTON, FL 33327

**New Principal Place of Business:**

**Current Mailing Address:**

2700 GLADES CIRCLE STE 110  
WESTON, FL 33327

**New Mailing Address:**

FEI Number: 56-2319390

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

DE LOS SAGRADOS, TERRCIARIOS  
2700 GLADES CIRCLE STE 110  
WESTON, FL 33327

**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: MANGIAMELLI, DAVID  
Address: DON VIGANO NO 23  
City-St-Zip: GARBAGHAE ILANESE ITALY, OC

Title: VD ( ) Delete  
Name: SANABRIA, EDGAR  
Address: CARRERA 18 #54N-15  
City-St-Zip: POPAYAN COLOMBIA, OC

Title: SD ( ) Delete  
Name: CORDOBA, HERNAN  
Address: 1129 BIRCHWOOD RD  
City-St-Zip: WESTON, FL 33327

Title: TD ( ) Delete  
Name: ZARMATI, LUZ K  
Address: 1129 BIRCHWOOD RD  
City-St-Zip: WESTON, FL 33327

Title: TD ( ) Delete  
Name: FILIPPI, ADOLFO  
Address: STRADA GOTI LOCALITA BELEVEDERE 27  
City-St-Zip: SAN GIORGIO PLACENTINO ITALY, OC

**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:

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: HERNAN CORDOBA

SD

04/19/2004

Electronic Signature of Signing Officer or Director

Date