2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002916

Entity Name: SARDUY GROUP HOME, INC.

FILED Jan 05, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1620 SOUTHWEST 284TH STREET HOMESTEAD, FL 33033

Current Mailing Address: New Mailing Address:

1620 SOUTHWEST 284TH STREET HOMESTEAD, FL 33033

FEI Number: 43-2009385 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US

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:

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Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: DP () Delete Title: DP (X) Change () Addition

Name: SARDUY, RAUL Name: SARDUY, RAUL

Address: 1620 SOUTHWEST 284TH STREET Address: 16260 SOUTHWEST 284TH STREET

City-St-Zip: HOMESTEAD, FL 33033 City-St-Zip: HOMESTEAD, FL 33033

Title: DV () Delete Title: DV (X) Change () Addition

Name: SARDUY, YOLANDA Name: SARDUY, YOLANDA

Address: 1620 SOUTHWEST 284TH STREET Address: 16260 SOUTHWEST 284TH STREET

City-St-Zip: HOMESTEAD, FL 33033 City-St-Zip: HOMESTEAD, FL 33033

Title: DST () Delete Title: DST (X) Change () Addition

Name: BLANCO, ALINA Name: BLANCO, ALINA

Address: 1620 SOUTHWEST 284TH STREET Address: 16260 SOUTHWEST 284TH STREET

City-St-Zip: HOMESTEAD, FL 33033 City-St-Zip: HOMESTEAD, FL 33033

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: RAUL SARDUY DP 01/05/2004