## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000006601

Entity Name: FUNDACION AYUDA SOCIEDAD CIVIL CUBANA, INC.

FILED Jun 11, 2004 Secretary of State

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

3802 NE 207TH ST., APT. 304 P.O. BOX 802802 AVENTURA, FL 33180 AVENTURA, FL 33280

Current Mailing Address: New Mailing Address:

3802 NE 207TH ST., APT. 304 P.O. BOX 802802 AVENTURA, FL 33180 AVENTURA, FL 33280

FEI Number: 73-1675480 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:

ORTA, MIGUEL A
3802 NE 207TH ST., APT. 304
AVENTURA, FL 33180

ORTA, MIGUEL A
151 CALLE LARGO DRIVE
HOLLYWOOD, FL 33021

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: 06/11/2004

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 ORTA, MIGUEL A
 Name:
 ORTA, MIGUEL A

 Address:
 3505 GREENLEAF CIR.
 Address:
 151 CALLE LARGO DRIVE

 City-St-Zip:
 HOLLYWOOD, FL 33021
 City-St-Zip:
 HOLLYWOOD, FL 33021

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition Name: ORTA, MARGARITA D Name: ORTA, MARGARITA D

Address: 3505 GREENLEAF CIR. Address: 151 CALLE LARGO DRIVE
City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: HOLLYWOOD, FL 33021

 $\label{eq:title:sde} \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{(X) Change () Addition}$ 

Name: ORTA, MARTA Name: ORTA, MARTA

Address: 3505 GREENLEAF CIR. Address: 151 CALLE LARGO DRIVE City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: HOLLYWOOD, FL 33021

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: MIGUEL A. ORTA PD 06/11/2004