## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE:

## Aug 30, 2004 8:00 am Secretary of State DOCUMENT # N03000009140 08-30-2004 90003 033 \*\*\*\*61.25 LIRIO DEL LOS VALLES DE HOLLYWOOD, INC. Principal Place of Business Mailing Address 4080 NW 165TH STREET 4080 NW 165TH STREET 54070668 OPA-LOCKA, FL 33054 OPA-LOCKA, FL 33054 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08182004 CR2E037 (10/03) Chg-NP City & State City & State Applied For 4. FEI Number *20-0350210* Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FABIO, HERBERT **4080 NW 165TH STREET** Street Address (P.O. Box Number is Not Acceptable) OPA-LOCKA, FL 33054 City Zip Code FL 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 8, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE DP Delete TITLE Change ■ Addition RODRIGUEZ, MARTHA NAME 19840 NW 43RD CT STREET ADDRESS STREET ADDRESS MIAMI, FL 33055 CITY-ST-ZIP City-ST-ZIP DV TITLE D Delete TITLE Change ☐ Addition ANTONIO, JULIANA NAME STREET ADDRESS 6122 SW 34TH STREET STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33023 CITY-ST-ZIP DS Delete ☐ Change Addition MAZARIEGOS, ELVIN NAME NAME 8670 JOHNSON STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33024 CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition MEJIA EGOS, PATRICIA NAME 7300 NW 1ST STREET BLDG 6 #202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33317 CITY-ST-ZIP TITLE Delete Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NING OFFICER OR DIRECTOR

FILED