

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010721

Entity Name: FUNDACINE CORPORATION

FILED
Apr 21, 2004
Secretary of State

Current Principal Place of Business:

16528 SW 99TH ST
MIAMI, FL 33196

New Principal Place of Business:

Current Mailing Address:

16528 SW 99TH ST
MIAMI, FL 33196

New Mailing Address:

FEI Number: 36-4548007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SACCANI, ZEL
3000 SW THIRD AVE
1015
MIAMI, FL 33129 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT () Change (X) Addition
Name: SILVA, ARIEL
Address: 16528 SW 99TH STREET
City-St-Zip: MIAMI, FL 33196 US

Title: DVP () Change (X) Addition
Name: FALCON, LISANA
Address: 16528 SW 99TH STREET
City-St-Zip: MIAMI, FL 33196 US

Title: DS () Change (X) Addition
Name: CANACHE, KEVIN
Address: 1815 BRICKELL AVENUE, A1213
City-St-Zip: MIAMI, FL 33129 US

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: ARIEL SILVA

DPT

04/21/2004

Electronic Signature of Signing Officer or Director

Date