

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # N17808		Secretary of State	
1. Entity Name MOTHERS, SISTERS, WIVES AND DAUGHTERS OF BAY OF PIG'S VETERANS, BRIGADE 2506 INC.			
Principal Place of Business 2470 N.W. 14 ST. MIAMI, FL 33125-2106		Mailing Address 2470 N.W. 14 ST. MIAMI, FL 33125-2106	
DO NOT WRITE IN THIS SPACE			
		01252004 No Chg-NP CR2E037 (10/03)	
DO NOT WRITE IN THIS SPACE		4. FEI Number 59-2779372	
		Applied For Not Applicable	
DO NOT WRITE IN THIS SPACE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERNANDEZ, MAGALI E. 2470 N.W. 14 ST. MIAMI, FL 33125-2106		DO NOT WRITE IN THIS SPACE	
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 <i>Magali E. Fernandez</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>03/21/04</i> <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		1000000095568 03/24/04-80039-003 70.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P FERNANDEZ, MAGALI E. 2470 N.W. 14 ST. MIAMI, FL 33125	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VTD ROCCO, ESTHER 3526 S.W. 11ST MIAMI, FL 33148	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SD FERNANDEZ, MIRTA 2470 N.W. 14 ST. MIAMI, FL 331252106	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TD FERNANDEZ, MARTA 2014 SW 17 TERR MIAMI, FL 33145	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS 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.			
SIGNATURE: <i>Magali E. Fernandez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>03/21/04</i> (305) 998 3744 <small>Date Daytime Phone #</small>	