
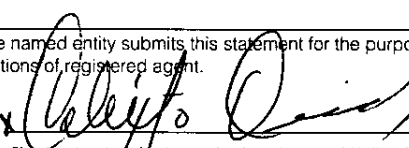
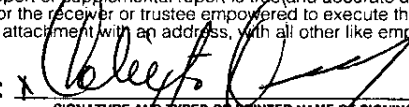


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90009 035 ****61.25

DOCUMENT # N22490 1. Entity Name FEDERACION SINDICAL DE LAS PLANTAS ELECTRICAS, GAS Y AGUA, INC.			
Principal Place of Business 7175 SW 8TH STREET #213 MIAMI FL 33144 US		Mailing Address 7175 SW 8TH STREET #213 MIAMI FL 33144 US	
2. Principal Place of Business 7191 SW 8th Street Suite, Apt. #, etc.		3. Mailing Address 7191 SW 8th Street Suite, Apt. #, etc.	
City & State Miami Florida Zip Country 33144 Miami Dade		City & State Miami FL Zip Country 33144 Miami Dade	
4. FEI Number 65-0010155		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIÁZ, RENE L 350 TAMiami BLVD MIAMI FL 33144		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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:  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW: 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	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD DIAZ, RENE L <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	350 TAMiami BLVD	NAME	
STREET ADDRESS	MIAMI FL 33144	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARGAS, HUMBERTO	NAME	
STREET ADDRESS	245 18TH STREET #503	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE ACOSTA, GIL MATEO	NAME	
STREET ADDRESS	1701 SW 125 COURT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPOS, CALIXTO	NAME	VD Campos Calixto
STREET ADDRESS	1701 SW 125 COURT	STREET ADDRESS	205 S.W. TAMiami CANAL Road
CITY-ST-ZIP	MIAMI FL 33175	CITY-ST-ZIP	MIAMI FL 33144
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2-5-04 305-262-7990 <small>Date Daytime Phone #</small>	