


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N27183 1. Entity Name FUNDACION LASALLISTA DE MIAMI INC.	
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Principal Place of Business 901 PONCE DE LEON BLVD. SUITE 606 CORAL GABLES, FL 33134 US	Mailing Address 901 PONCE DE LEON BLVD. SUITE 606 CORAL GABLES, FL 33134 US
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01062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0056973	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 ABASCAL, EDUARDO GARCIA 901 PONCE DE LEON BLVD S606 CORAL GABLES, FL 33134

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CASTRO, HUGO 8197 W. 14 COURT HIALEAH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD VILA, LEONARDO 2900 SW 66 TERRACE MIRAMAR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ABASCAL, EDUARDO GARCIA 901 PONCE DE LEON BLVD S606 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/12/04-80021-007 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Eduardo Garcia **1-6-04** **(305) 446-7723**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #