

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35821

FILED
Jan 30, 2004
Secretary of State

Entity Name: THE DOMINICAN AMERICAN NATIONAL FOUNDATION CDC INC.

Current Principal Place of Business:

2885 N.W. 36 ST.
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

2885 N.W. 36 ST.
MIAMI, FL 33142

New Mailing Address:

FEI Number: 65-0167851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PEGUERO, PORFIRIO R
990 W. 56TH STREET
HIALEAH, FL 33012 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: D () Delete
Name: PEGUERO, PROFIRIO R
Address: 990 W 56 STREET
City-St-Zip: HIALEAH, FL 33012

Title: D () Delete
Name: SURCE, REYES
Address: 6195 W 18 AVE.
City-St-Zip: HIALEAH, FL 33016

Title: D () Delete
Name: ACOSTA, OLGA
Address: 1820 NW 119 STREET
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PEGUERO PORFIRIO R

D

01/30/2004

Electronic Signature of Signing Officer or Director

Date