


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

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N41386
1. Entity Name
LINCOLN-MARTI COMMUNITY AGENCY, INC.



Principal Place of Business 955 SW 1ST STREET MIAMI, FL 33130 US	Mailing Address 904 SW 23 AVE MIAMI, FL 33135 US
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01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0267626	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESPINOSA, ROLANDO
904 SW 23 AVE
MIAMI, FL 33135

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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 _____

**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	PTD MARTINEZ, TATJANA 904 SW 23 AVE. MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ESPINOSA, ARMINDA MARI 130 SW 32 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ESPINOSA, ROLANDO 130 SW 32ND AVENUE MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, DEMETRIO J ESQ 904 SW 23RD AVE., STE 200 MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/16/04-80057-011 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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: *Tatjana Martinez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____