2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 06, 2004 8:00 am Secretary of State

1. Entity Name	MENT # N42649	CIATION, INC.					05-06-20	•	025 ****6	51.25
Principal Place 735 N.W. 13 MIAMI, FL 33	AVENUE	Mailing Address PO BOX 65-3039 MIAMI, FL 33265	BOX 65-3039			24071976				
2. Principal Place of Business		3. Mailing Address					T/012 E 8 11 1		ALI BILBI BIRJE BIDI	ROLDI IDAI
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04222004	Chg-NP	CR2E	37 (10/03)	
City & State		City & State				4. FEI Numbe 65-0260) 817		 	plied For t Applicable
Zip	Country	Zip Co		untry	5. Certificate of		of Status Desire	d 🛮	\$8.75 Add Fee Require	
	6. Name and Address of Curren	t Registered Agent				7. Name and	Address of Ne	w Registered		
GONZALEZ, JESUS R 11936 SW 8TH STREET				Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL										
				City				FI	Zip Cod	0
8. The above	named entity submits this statement	for the purpose of changing	j its register	ed office or	registere	ed agent, or bot	h, in the State o		···	and accept
the obligati	ions of registered agent.									
SIGNATURE .										
	Signature, typed or printed name of registered ages	nt and title if applicable.	NOTE: Registere	id Agent signatu	ure required	when reinstating)		DATE		
Filing Fee 1s \$61.25 Due by May 1, 2004 9. Election Campaign Filing Fee 1s \$61.25 Trust Fund Contribution										
						\$5.00 May B Added to Fees	e		k payable to	
10.	Due by May 1, 2004 OFFICERS AND D	Trust Fu	nd Contribut	tion.				Florida Depa	IRECTORS IN	tate **
TITLE	OFFICERS AND D	Trust Fu	nd Contribut	E		Added to Fees		Florida Depa	rtment of S	tate
	Due by May 1, 2004 OFFICERS AND D	Trust Fu	11.	E		Added to Fees		Florida Depa	IRECTORS IN	tate **
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND E VD SAEZ, MARIA JOSEFA 747 N.W. 13 AVENUE #3 MIAMI, FL 33125	Trust Ful	nd Contribut 11. TITL NAM STRI CITY	E AE EET ADDRESS (-ST-ZIP		Added to Fees		Florida Depa	IRECTORS IN Change	i 10
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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(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 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, without other like empowered.

SIGNATURE: >

SIGNATURE AND STPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/22/04

305-553-1989

Daytime Phone #