2004 NOT-FOR-PROFIT CORPORATION

FILED Jun 18, 2004 8:00 am Secretary of State

ANNUAL REPORT

Principal Place of Business P.O. BIOX 2393 IMMORALEE, FL 34143 P.O. BIOX 2393 IMMORALEE, FL 34142 P.O. BIOX 2393 IMMORALEE, FL 34144 P.O. BIOX 2393 IMMORALE	1. Entity Name	MENT, # N43108 CHERITAGE CELEBRATION	ON; INC.				06-18-200	90003	026 ****	61.25
Sulfie, Apt. #, etc. Sulfie, Apt. #, etc. Disagonary Country Sulfie, Apt. #, etc. City & State Sulfie, Apt. #, etc. City & State Sulfie, Apt. #, etc. Applied For So-0278507 Not Applied For Not Applicable of So-0278507 Not Applied For Not Applicable of Solf Solf Additional Fee Required	P.O. BOX 239	93	34143							
City & State Ci	2. Principal Place of Business 3. Mailing			ng Address			in the second			
Country Country Country Country Country S. Certificate of Status Desired S. 75 Additional Fee Proguined S. 75 Additi	Suite, Apt. #, etc.		Suite, Apt. #, etc.			05202004 C	hg-NP	CR2E03	7 (10/03)	
S. Name and Address of Current Registered Agent 1. Name and Address of New Registered Agent Name Name Name Street Address of New Registered Agent Street Address (P.O. Bax Number is Not Acceptable) FL Zp Code Fund Address of Process Agent spinlar are parted agent, or both, in the State of Florida. I am familiar with, and accept the objection of registered agent, or both, in the State of Florida. I am familiar with, and accept the objective of the process agent, or both, in the State of Florida. I am familiar with, and accept the objective of the process agent, or both, in the State of Florida. I am familiar with, and accept the objective of the process agent, or both, in the State of Florida. I am familiar with, and accept the objective of the process agent, or both, in the State of Florida. I am familiar with, and accept the objective of the process agent, or both, in the State of Florida. I am familiar with, and accept the objective of the process agent, or both, in the State of Florida. I am familiar with, and accept the objective of the process agent, or both, in the State of Florida. I am familiar with, and accept the object of the process agent, or both, in the State of Florida. I am familiar with, and accept the object of Florida. I am familiar with, and accept the object of Florida. I am familiar with, and accept the object of Florida Department of State FEL Zp Code FL Zp Code	City & State		City & State)7			
Name Name Name Street Address (P.O. 9.5x Number is Not Acceptable) NaPLES, FL 34120 City FL Zip Code City Zip Zi	Zip Country		Zip	Col	untry	5. Certificate of status Desired Fee Required				
LUPITA NAVA 2105 W. IMMOKOLÁE DRIVE NAPLES, FL 34120 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 poligations of registered signent. SIGNATURE SIGNATURE FILING Fee is \$61.25 Due by September 9, 2004 PD OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 NAVA LUPITA SIRET ADDIES. SIRET ADDIES. SIRET ADDIES. SIRET ADDIES. SIRET ADDIES. OIT-S1-2P NAVA LUPITA SIRET ADDIES. OIT-S1-2P OFFICERS AND DIRECTORS IN 10 Change Addition NAVE SIRET ADDIES. OIT-S1-2P OIT-S1-2P		6. Name and Address of Current	Registered Agent		Name	7. Name and Add	iress of New F	Registered A	gent	
E. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am ternillar with, and accept the polipations of registered agent. SIGNATURE Signature, highed or private name of registered agent and steel approache. NOTE: Registered Agent signature recurred when nontating) DATE	2105 W. IMMOKOLAE DRIVE				1000					
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 Dignature, typed or printed name of registered agent and title of applicable. (NOTE, Registered Agent signature reprinted when nematance) DATE	NAI EEQ.	2 34125				ty Zip Code				
Trust Fund Contribution. Added to Fees Florida Department of State* 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE PD	the obligat	ions of registered agent.			-		1			
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wered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if high all other like empowered.