

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44384

Entity Name: S.O.S. LITHUANIA, INC.

FILED
Apr 14, 2004
Secretary of State**Current Principal Place of Business:**9500 SW 97 ST.
MIAMI, FL 33176 US**New Principal Place of Business:****Current Mailing Address:**9500 S.W. 97 ST
MIAMI, FL 33176 US**New Mailing Address:**

FEI Number: 65-0270936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:KUMPIS, ARIANA
9500 S.W 97 ST
MIAMI, FL 33176 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: DP () Delete
Name: KUMPIS, ARIANA,
Address: 9500 SW 97 ST.
City-St-Zip: MIAMI, FLTitle: DS () Delete
Name: MEYER, RUTH,
Address: 1601 SW 116TH AVE
City-St-Zip: DAVIE, FLTitle: DT () Delete
Name: LARRICQ, CLAUDIA
Address: 14701 S.W. 76 AVE
City-St-Zip: MIAMI, FL**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: DS (X) Change () Addition
Name: MEYER, RUTH
Address: 1601 SW 116TH AVE
City-St-Zip: DAVIE, FLTitle: () 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: ARIANA KUMPIS

DP

04/14/2004

Electronic Signature of Signing Officer or Director

Date