
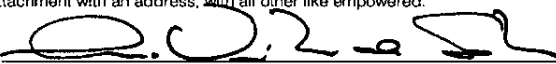


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90227 034 ****61.25

| | | | | | | | |
|---|---------|--|---|---|--|----|----------|
| DOCUMENT # N93000000580 | | | |  | | | |
| 1. Entity Name FRIENDS FOR EL SALVADOR INC. | | | | | | | |
| Principal Place of Business 80 SW 8TH ST SUITE 3100 MIAMI, FL 33130 US | | Mailing Address 80 SW 8TH ST SUITE 3100 MIAMI, FL 33130 US | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0398665 | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | 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 | | | 7. Name and Address of New Registered Agent | | | | |
| BEFELER, GEORGE 80 SW 8TH ST SUITE 3100 MIAMI, FL 33130 | | | Name | | | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | 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 obligations of registered agent. | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating.) | | | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | | | |
| Make check payable to Florida Department of State | | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | |
| TITLE | PD | ALVAREZ, ERNESTO | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | 580 PARK AVENUE | | NAME | | | |
| STREET ADDRESS | | NEW YORK, NY 10021 | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | D | BEFELER, GEORGE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | 80 SW 8TH ST SUITE 3100 | | NAME | | | |
| STREET ADDRESS | | MIAMI, FL 33130 | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | SD | DAUBER, CAROL | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | 225 EAST 73RD STREET | | NAME | | | |
| STREET ADDRESS | | NEW YORK, NY 10021 | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | TD | MANNY, MARIA ELENA | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | 96 ALGONQUIN RD | | NAME | | | |
| STREET ADDRESS | | BRONXVILLE, NY 10710 | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | VP | SOLER, ANA V | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | 200 E. 65TH ST. APT. 20FG | | NAME | | | |
| STREET ADDRESS | | NEW YORK, NY 10021 | | STREET ADDRESS | 700 Park ave, Apt 4c | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | New York, NY 10021 | | |
| TITLE | | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| 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 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:  | | | | Date: 3/16/04 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Daytime Phone # | | | |