2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2004
Secretary of State

DOCUMENT# N94000003196

Entity Name: ASOCIACION PERUANA DE BROWARD, INC.

Current Principal Place of Business:

1007 N FEDERAL HWY
#241
FORT LAUDERDALE, FL 333041437 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15453
PLANTATION, FL 33318

New Mailing Address:

FEI Number: 65-0494069 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FONSECA, PATRICIA
3863 N. CARAMBOLA CIRCLE
POMPANO BEACH, FL 33066 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: PD ( ) Delete
Name: AREVALO, MARIA A
Address: 9705 N. NEW RIVER CANAL RD. #205
City-St-Zip: PLANTATION, FL 33324

Title: VD ( ) Delete
Name: BYRNE, RODOLFO
Address: 19805 NE 22 AVENUE
City-St-Zip: MIAMI, FL 33180

Title: TD ( ) Delete
Name: FLORES, JESSICA M
Address: 3563 N. CARAMBOLA CIRCLE
City-St-Zip: COCONUT CREEK, FL 33066

Title: SD ( ) Delete
Name: MORRIS, LUISA
Address: 8 SE 8 AVENUE
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: ATD ( ) Delete
Name: FLORES, CARLOS A
Address: 1160 N. FEDERAL HWY #1124
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) 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: CARLOS A. FLORES ATD 07/02/2004
Electronic Signature of Signing Officer or Director — Date