

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005434

FILED
Mar 29, 2004
Secretary of State**Entity Name:** CAPITULO EPSILON COLUMBIA BORIQUEN, INC.**Current Principal Place of Business:**7270 N.W. 12TH ST.
SUITE 761
MIAMI, FL 331261929**New Principal Place of Business:**2678 PALMER PLACE
WESTON, FL 33332 US**Current Mailing Address:**7270 N.W. 12TH ST.
SUITE 761
MIAMI, FL 331261929**New Mailing Address:**2678 PLAMER PLACE
WESTON, FL 33332 US**FEI Number:** 65-0624776**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DEL VALLE, MANUEL R
7270 N.W. 12TH ST.
SUITE 761
MIAMI, FL 331261929 US**Name and Address of New Registered Agent:**PONS, RAFAEL A
2678 PALMER PLACE
WESTON, FL 33332 US

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: RAFAEL A. PONS

03/29/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** DT () Delete
Name: PONS, RAFAEL
Address: 2678 PALMER PL
City-St-Zip: WESTON, FL 33332**Title:** DS () Delete
Name: DUQUESNE, PEDRO J
Address: 11944 SW 100TH TERRACE
City-St-Zip: MIAMI, FL 33186**Title:** DVP () Delete
Name: WARD, FREDERICK
Address: 8290 LAKE DR. EAST
City-St-Zip: MIAMI, FL 33166**Title:** DP () Delete
Name: VEGA, DAVID
Address: 6301 SIMMONS ST.
City-St-Zip: MIAMI LAKES, FL 33014**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:

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: RAFAEL A. PONS

DT

03/29/2004

Electronic Signature of Signing Officer or Director

Date