2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001148

FILED Apr 30, 2004 Secretary of State

Entity Name: SOCIEDAD CULTURAL SANTA CECILIA, INC.

Current Principal Place of Business:		New Principal P	New Principal Place of Business:	
7860 S.W MIAMI, FL				
Current N	Mailing Address:	New Mailing Ad	dress:	
7860 S.W MIAMI, FL				
FEI Number	r: 65-0732653 FEI Number App	lied For () FEI Number Not Applicable () Certificate of Status Desired ()	
Name and	d Address of Current Register	ed Agent: Name and Addre	ess of New Registered Agent:	
7860 SW MIAMI, FL	. 33155 US			
	e named entity submits this state e of Florida.	ment for the purpose of changing its regi	stered office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of R	egistered Agent	Date	
OFFICER	S AND DIRECTORS:	ADDITIONS/CH/	ANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DP () Delete LEON, GLORIA 7860 S.W. 32 ST MIAMI, FL 33155	Title: Name: Address: City-St-Zip:	() Change () Addition	
Γitle:	DS () Delete DIAZ, GLORIA 9111 SW 19 ST MIAMI, FL 33165	Title: Name: Address: City-St-Zip:	() Change () Addition	
Name: Address: City-St-Zip:				
Address: City-St-Zip: Fitle: Name: Address:	DTRA () Delete LUACES, BEATRIZ L 7860 SW 32 ST MIAMI, FL 33155	Title: Name: Address: City-St-Zip:	() Change () Addition	
Address:	LUACES, BEATRIZ L 7860 SW 32 ST MIAMI, FL 33155 DV () Delete GILLANES, LUCY 610 SW 114 CT	Title: Name: Address:	() Change () Addition () Change () Addition	
Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	LUACES, BEATRIZ L 7860 SW 32 ST MIAMI, FL 33155 DV () Delete GILLANES, LUCY 610 SW 114 CT	Title: Name: Address: City-St-Zip: Title: Name: Address:		

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: GLORIA LEON DP 04/30/2004