


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000002212 1. Entity Name AMERICAN COORDINATION CENTER OF THE SOVEREIGN MILITARY ORDER OF MALTA, INC.	
--	---

Principal Place of Business 4190 KIAORA STREET MIAMI, FL 33133	Mailing Address 4190 KIAORA STREET MIAMI, FL 33133
--	--

DO NOT WRITE IN THIS SPACE



04262004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0660198	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CARNEY, THOMAS F JR.
1101 NO. CONGRESS AVENUE STE 200
BOYNTON BEACH, FL 33426**

DO NOT WRITE
IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

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	U000000134743 04/28/04-80032-001 61.25
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALEJOS, MARIA FINCA LABOR DE CASTILLA GUATEMALA CITY, GUAT, K-19
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAMAJA, DINO RUA TAQUES ALVIM 107 SAO PAULO, BR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BLANC, LODOVICO 4190 KIAORA ST MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARROSO, JOSE LIVERPOOL 25, BERLIN, COL JUAREZ MEXICO, D. 06600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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: Lodovico Blanc **LODOVICO BLANC** 4/24/04 305-6618387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #