


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N96000002601 1. Entity Name MOVIMIENTO DEMOCRACIA, CORP.	
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Principal Place of Business 4545 NW 7TH STREET, #14 MIAMI, FL 33-1265	Mailing Address P.O. BOX 440661 MIAMI, FL 33144-0661
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**DO NOT WRITE IN THIS SPACE**

04142004 No Chg-NP	CR2E037 (10/03)
4. FEI Number 65-0723923	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, RAMON S  
 4545 NW 7TH STREET, #14  
 MIAMI, FL 33126

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OP SANCHEZ, RAMON S 4545 NW 7TH STREET, #14 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GARCIA, MERCEDES 2430 SW 131ST CT MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VELASCO, MILAGROS 9210 SW 15TH ST MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DELVALLE, NORMAN 8001 SW 138TH CT MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000133125  
 04/27/04-80074-010 70.00

**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)(f), 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: Ramon Sain Sanchez 4/13/2004 305-785-0669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_