2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR) Feb 10, 2004 8:00 am DOCUMENT # N97000000570 **Secretary of State** 1. Entity Name 02-10-2004 90024 015 ****61.25 CULTURAL CLUB OF MIAMI, "ATENEA", INC. Mailing Address Principal Place of Business PO BOX 453402 1800 W 54TH ST **MIAMI FL 33245** HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address P.O. BOX U53401 1800 W 54ST Suite, Apt. #, etc. CR2E037 (11/03) #302 City & State Applied For City & State 4. FEI Number 65-0737531 MIAMI. Not Applicable HIA EAH Country \$8.75 Additional 5. Certificate of Status Desired П 33*0/*2 H.S.A 4. S.A. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PEREZ, ORESTES Street Address (P.O. Box Number is Not Acceptable) 1800 W 54TH ST 202 HIALEAH FL 33012 Zip Code ユシッノュ 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 (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition TITLE TITLE Delete PEREZ, ORESTES A NAME NAME 1306 SW 6TH STREET, #3 STREET ADDRESS STREET ADDRESS MIAMI FL 33135 CITY-ST-ZIP CITY-ST-2(P ☐ Delete ☐ Change Addition TITLE TITLE CALZADILLA, RITA NAME NAME 1306 SW 6TH STREET, #3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33135** CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete Change TERAN, MARTALEIDA NAME NAME 1306 SW 6ST #3 STREET ADDRESS STREET ADDRESS MIAMI FL 33135 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

2/3/04 (786) 247-7073

☐ Change

Addition

FILED