

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90008 017 ****70.00

DOCUMENT # N97000001507

1. Entity Name
SISTERS AND BROTHERS FOREVER, INC.



Principal Place of Business
1925 SW 8 ST
MIAMI, FL 33185 US

Mailing Address
1925 SW 8 ST
MIAMI, FL 33185 US

04008084



2. Principal Place of Business
1925 South West 8 St.
Suite, Apt. #, etc.

3. Mailing Address
1925 South West 8 St.
Suite, Apt. #, etc.

02062004 Chg-NP CR2E037 (10/03)

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-0750853

Applied For
Not Applicable

Zip
33135

Country
USA

Zip
33135

Country
USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

VILLALBA, JORGE S
1925 SW 8 ST
MIAMI, FL 33135

7. Name and Address of New Registered Agent

Name **Villalba, Jorge S.**
Street Address (P.O. Box Number is Not Acceptable)
6415 South West 133 Court

City **Miami** **FL** Zip Code **33183**

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 _____ DATE **02/09/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **VILLALBA, JORGE S**
STREET ADDRESS **2454 SW 8 STREET**
CITY-ST-ZIP **MIAMI, FL 33135**

TITLE **DV** ☐ Delete
NAME **TRUEBA, CARMINA**
STREET ADDRESS **1545 TRILLO AVE.**
CITY-ST-ZIP **CORAL GABLE, FL**

TITLE **DT** ☐ Delete
NAME **SEGUROLA, ALFREDO**
STREET ADDRESS **12425 SW 14TH STREET**
CITY-ST-ZIP **MIAMI, FL**

TITLE **DVP** ☐ Delete
NAME **PEREZ, NICOLAS**
STREET ADDRESS **2454 SW 8 STREET**
CITY-ST-ZIP **MIAMI, FL 33135**

TITLE **DT** ☐ Delete
NAME **CASAS, RAUL R**
STREET ADDRESS **2024 NW 6 ST**
CITY-ST-ZIP **MIAMI, FL 33125**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6415 South west 133 Court**
CITY-ST-ZIP **Miami, FL 33183**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2046 South West 103 Court**
CITY-ST-ZIP **Miami, FL 33165**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE: **Raul Casas**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/09/04 **305-631-0700**
Date Daytime Phone #