

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

DOCUMENT# N97000001546

**FILED**  
**May 01, 2004**  
**Secretary of State****Entity Name:** AMERICAN FRIENDS OF LITTLE CHILDREN, INC.**Current Principal Place of Business:**11100 S.W. 60 AVE.  
PINECREST, FL 33156**New Principal Place of Business:****Current Mailing Address:**C/O MIGUEL VIYELLA  
11100 S.W. 60 AVE.  
PINECREST, FL 33156**New Mailing Address:****FEI Number:** 65-0777491      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**VIYELLA, MIGUEL  
200 S. BISCAYNE BLVD., STE. 3200  
MIAMI, FL 33131      US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** P      ( ) Delete  
**Name:** VIYELLA, MIGUEL  
**Address:** 200 S. BISCAYNE BLVD. SUITE 3200  
**City-St-Zip:** MIAMI, FL 33131**Title:** V      ( ) Delete  
**Name:** PORTSCHIE, LIAI  
**Address:** ONE BISCAYNE TOWER  
**City-St-Zip:** MIAMI, FL 33131**Title:** T      ( ) Delete  
**Name:** CONCEPCIOR, CARLOS  
**Address:** 1015 PONCE DE LEON BLVD # 11  
**City-St-Zip:** MIAMI, FL 33145**Title:** S      ( ) Delete  
**Name:** VIYELLA, SONNIA  
**Address:** 200 S. BISCAYNE BLVD. SUITE 3200  
**City-St-Zip:** MIAMI, FL 33131**Title:** D      ( ) Delete  
**Name:** WEISS, BRIAN  
**Address:** 8801 SW 102ND ST.  
**City-St-Zip:** MIAMI, FL 33176**Title:** D      ( ) Delete  
**Name:** GREEN, BARTH  
**Address:** 620 SABAL PALM ROAD  
**City-St-Zip:** MIAMI, FL 33137**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** V      (X) Change ( ) Addition  
**Name:** POETSCHKE, KAI  
**Address:** ONE BISCAYNE TOWER  
**City-St-Zip:** MIAMI, FL 33131**Title:** T      (X) Change ( ) Addition  
**Name:** CONCEPCION, CARLOS  
**Address:** 1015 PONCE DE LEON BLVD # 11  
**City-St-Zip:** MIAMI, FL 33145**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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: MIGUEL A. VIYELLA

MR.

05/01/2004

Electronic Signature of Signing Officer or Director

Date