

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003466

Entity Name: FINLANDIA WEEK, INC.

FILED  
Apr 21, 2004  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 3354  
LANTANA, FL 33465 US

## New Principal Place of Business:

## Current Mailing Address:

630 N PALM WAY  
LAKE WORTH, FL 33460 US

## New Mailing Address:

FEI Number: 65-0844029

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SANKAMO, HARRI  
630 N PALM WAY  
LAKE WORTH, FL 33460

## 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: DT ( ) Delete  
Name: MAENNENA, ELSI  
Address: 630 N PALM WAY  
City-St-Zip: LAKE WORTH, FL 33460

Title: DP ( ) Delete  
Name: SANKAMO, HARRI  
Address: 630 N PALM WAY  
City-St-Zip: LAKE WORTH, FL 33460

Title: VPD ( ) Delete  
Name: KIOVUHARJU, JYRKI  
Address: 6289 LEAR DR #204  
City-St-Zip: LAKE WORTH, FL 33462

Title: S ( ) Delete  
Name: ART, SEPPALA  
Address: 417 NE ST  
City-St-Zip: LAKE WORTH, FL 33460

Title: BM ( ) Delete  
Name: RAIMO, KARJALAINEN  
Address: 1502 LAKESIDE DR S  
City-St-Zip: LAKE WORTH, FL 33460

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change ( ) Addition  
Name: SANKAMO, HARRI  
Address: 630 N PALM WAY  
City-St-Zip: LAKE WORTH, FL 33460

Title: DP (X) Change ( ) Addition  
Name: SANKAMO, ELSI  
Address: 630 N PALM WAY  
City-St-Zip: LAKE WORTH, FL 33460

Title: VPD (X) Change ( ) Addition  
Name: KOIVUHARJU, JYRKI  
Address: 6289 LEAR DR #204  
City-St-Zip: LAKE WORTH, FL 33462

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: HARRI SANKAMO

P

04/21/2004

Electronic Signature of Signing Officer or Director

Date