
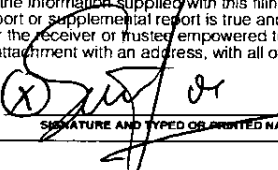


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000006670					
1. Entity Name L.L.E.A.AF.AM. - SIDA LIGA LATINEUROASIAAFROAMERICANA, CONTRA EL SIDA, INC.					
Principal Place of Business 351 NW 42 AVE 202 MIAMI, FL 33134			Mailing Address 351 NW 42 AVE 202 MIAMI, FL 33134		
2. Principal Place of Business P.O. BOX 557432		3. Mailing Address P.O. BOX 557432			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami, FL 33255		City & State Miami, FL 33255		4. FEI Number 65-0879709	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REVILLA, JOSE M 789 NW 27 AVE MIAMI, FL 33125			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANTOS, LIZETTE <input type="checkbox"/> Delete 351 NW 42 AVE STE 202 MIAMI, FL 33126				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REVILLA, JOSE M <input type="checkbox"/> Delete 4180 SW 5TH TERRACE MIAMI, FL 33134				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEDZ, MIGUEL MD <input checked="" type="checkbox"/> Delete 351 NW 42 AVE STE 202 MIAMI, FL 33126				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, JORGE <input checked="" type="checkbox"/> Delete 4180 SW 5TH TERRACE MIAMI, FL 33134				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRAS, ALEJANDRO <input checked="" type="checkbox"/> Delete 4180 SW 5TH TERRACE MIAMI, FL 33134				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAGA, MANUEL <input type="checkbox"/> Delete 4180 SW 5TH TERRACE MIAMI, FL 33134				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Lizette Arango <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. BOX 557432 Miami, FL 33255				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. BOX 557432 Miami, FL 33255				
800035785828 05/07/04--01095--001 <input type="checkbox"/> Change <input type="checkbox"/> Addition					
P.O. BOX 557432 Miami, FL 33255					
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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04162004 Chg-NP CR2E037 (10/03)