2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004
Secretary of State

DOCUMENT# N99000002511

Entity Name: PARTIDO REFORMISTA SOCIAL CRISTIANO OF FLORIDA INC.

Current Principal Place of Business:

350 LINCOLN RD, SUITE 412
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

350 LINCOLN RD, SUITE 412
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 65-0964988 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LORA, JULIO C
350 LINCOLN RD, SUITE 412
MIAMI BEACH, FL 33139

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: PD ( ) Delete
Name: MARTINEZ, IRIS
Address: 281 NW 144 ST
City-St-Zip: N MIAMI, FL 33168

Title: VD ( ) Delete
Name: LORA, JULIO C
Address: 350 LINCOLN RD, SUITE 412
City-St-Zip: MIAMI BEACH, FL 33139

Title: TD ( ) Delete
Name: SAJIUN, JUAN
Address: 350 LINCOLN RD #412
City-St-Zip: MIAMI BEACH, FL 33139

Title: S ( ) Delete
Name: DUQUELA, OSIRIS
Address: 350 LINCOLN RD #412
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JULIO C. LORA VD 04/16/2004

Electronic Signature of Signing Officer or Director — Date