


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000004127
 1. Entity Name
 SIERVAS DE NUESTRO SENOR INC.



Principal Place of Business Mailing Address
 398 S.W. 79TH COURT 398 S.W. 79TH COURT
 MIAMI, FL 33144 MIAMI, FL 33144

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03082004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 65-0933089 Not Applicable

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

6. Name and Address of Current Registered Agent
 PORTOCARRERO, ALBA
 398 S.W. 79TH COURT
 MIAMI, FL 33144

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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: *Al Portocarrero* DATE: 3/8/04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

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

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

1100000085102
 03/11/04-80034-012 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PORTOCARRERO, LILY D 398 S.W. 79TH COURT MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PORTOCARRERO, ALBA 398 S.W. 79TH COURT MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLINE, GERMAN 398 S.W. 79TH COURT MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Al Portocarrero* DATE: 3/8/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #