2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000004323

FILED Jul 26, 2003 Secretary of State

Entity Name: THE NICARAGUAN ASSOCIATION, OF PALM BEACH COUNTY INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
4111 VICLIFF ROAD WEST PALM BEACH, FL 33406					
Current Mailing Address:			New Maili	New Mailing Address:	
P.O.B0X 19 WEST PAL	955 M BEACH, FL	33416			
FEI Number:	65-0945141	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
VASQUEZ, 411 VICLIFI WEST PAL		33406			
The above in the State		ubmits this statement for the purp	oose of changing it	ts registered office or registered agent, or both,	
SIGNATUR		c Signature of Registered Agent		 Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () VASQUEZ, JUAN 4111 VICLIFF R WEST PALM BE	OAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () LUCIA, MORALE 610 WINTER S LAKE WORTH, I	TREET.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () ERIKA, BRISEN 3131 VILLAGE WEST PALM BE	BLV.	Title: Name: Address: City-St-Zip:	S (X) Change () Addition FLORES, JUANA 5018 CLEVELAND ROAD DELRAY BEACH, FL 33484	
Title: Name: Address: City-St-Zip:	D () CARLOS, BAEZ 429 MALBERNE WEST PALM BE	E RD	Title: Name: Address: City-St-Zip:	D (X) Change () Addition MORALES, OSCAR JR 4879 PIMLICO CT WEST PALM BEACH, FL 33415	
Title: Name: Address: City-St-Zip:	D () BAEZ, SYLVIA 729 FRANCIS S WEST PALM BE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () BAEZ, ROGER 729 FRANCIS S WEST PALM BE		Title: Name: Address: City-St-Zip:	()Change ()Addition	

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: JUAN VASQUEZ P 07/26/2003