

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90680 028 ***150.00

DOCUMENT # P00000018341

1. Entity Name
ANCESTRAL HERITAGE, INC.



Principal Place of Business
**3100 SW COLLEGE RD
SUITE 476
OCALA, FL 34474**

Mailing Address
**3100 SW COLLEGE RD
SUITE 476
OCALA, FL 34474**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04242004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0984807

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SNYDER, LESLIE I ESQ.
28 WEST FLAGLER ST
ELEVENTH FLOOR
MIAMI, FL 33130**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MORALES TRUJILLO, RICARDO**
STREET ADDRESS **2901 SW 41ST ST., APT. 703**
CITY-ST-ZIP **OCALA, FL 33474**

TITLE **VP** ☐ Delete
NAME **LUISA SORELO, SILVANA P**
STREET ADDRESS **FRANCISCO SERGUIN 114, SURCO URB LAS**
CITY-ST-ZIP **GARDINIAS LIMA, PERU,**

TITLE **ST** ☐ Delete
NAME **MORALES GALANO, RICARDO**
STREET ADDRESS **FRANCISCO SERGUIN 114, SURCO URB LAS**
CITY-ST-ZIP **GARDINIAS LIMA, PERU,**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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 607, 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:

Ricardo Morales
Ricardo Morales President

04-27-04

(352) 207-2267

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #