

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 03, 2004 8:00 am**  
**Secretary of State**

08-03-2004 90002 023 \*\*\*150.00

**DOCUMENT # P02000119163**

1. Entity Name  
**ASOCIACION LUCUMI SHANGO EYEIFE, INC.**



Principal Place of Business

**580 E 48 ST  
HIALEAH, FL 33013**

Mailing Address

**580 E 48 ST  
HIALEAH, FL 33013**

**54066313**



03032004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-4219407**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**MONTOYA, JOSE  
580 E 48 ST  
HIALEAH, FL 33013**

**DO NOT WRITE  
IN THIS SPACE**

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	PT
NAME	MONTOYA, JOSE
STREET ADDRESS	580 E 48 ST
CITY - ST - ZIP	HIALEAH, FL 33013
TITLE	VS
NAME	ORELLANA, RAMON
STREET ADDRESS	11630 SW 181 ST
CITY - ST - ZIP	MIAMI, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Jose Montoya* 03/03/04 205-495-4390

Attachment  
54066313  
#P02 000119163

**ASOCIACION LUCUMI SHANGO EYEIFE, INC.**

July 27, 2004

UNIFORMS BUSINESS REPORT  
DIVISION OF CORPORATIONS  
P.O. BOX 1500  
TALLAHASSEE, FL 32303-1500

To Whom It May Concern:

I am writing this letter to let you know that it came to our attention the notice of administrative dissolution of our corporation. When we saw this document, we went to our records to find the copy of the original report signed on March 03, 2004. We also checked our bank statements to send you a copy of the paid check, however, we found the check has not being paid yet to you. It was outstanding. I am sending you copy of the (UBR) we originally sent you together with a new check replacing the former one. We would like to ask you what can we do to solve this problem and have our corporations' name in good standing again. Please help me as soon as possible.

Respectfully yours,

  
JOSE MONTOYA - PRESIDENT