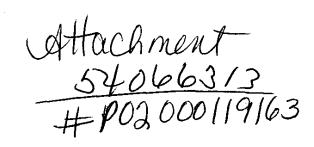
## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT

## Aug 03, 2004 8:00 am Secretary of State DOCUMENT: # P02000119163 08-03-2004 90002 023 \*\*\*150.00 ASOCIACION LUCUMI SHANGO EYEIFE, INC. Principal Place of Business Mailing Address 54066313 580 E 48 ST 580 E 48 ST HIALEAH, FL 33013 HIALEAH, FL 33013 03032004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-4219407 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE MONTOYA, JOSE 4 580 E 48 ST HIALEAH, FL 33013 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 reinstation) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 13 \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS NAME MONTOYA, JOSE STREET ADDRESS 580 E 48 ST HIALEAH, FL 33013 CITY-ST-ZIP vs TITLE ORELLANA, RAMON NAME STREET ADDRESS 11630 SW 181 ST CITY-ST-ZIP MIAMI, FL 33157 TITLE NAMÉ STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-71P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 cath; that I am an officer or director of the corporation or the receiver or trustee emplowered 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:

FILED



## 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,

ØSE MONTOYA - PRESIDENT