

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000096808

FILED
Apr 28, 2004
Secretary of State

Entity Name: A WALK IN THE FALLS PARK, INC.

Current Principal Place of Business:

21001 SW 167 AVE
MIAMI, FL 33187

New Principal Place of Business:

Current Mailing Address:

21001 SW 167 AVE
MIAMI, FL 33187

New Mailing Address:

FEI Number: 11-3703015

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SANDBERG, NEAL L ESQ
2650 BISCAYNE BLVD
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

RODRIGUEZ-FIOL, MANUEL M
21001 SW 167 AVENUE
MIAMI, FL 33187 US

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.

SIGNATURE: MANUEL M. RODRIGUEZ-FIOL

04/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HODGINS, TIMOTHY J
Address: 21001 SW 167 AVE
City-St-Zip: MIAMI, FL 33187

Title: D () Delete
Name: COLLAZO, RICARDO
Address: 21001 SW 167 AVE
City-St-Zip: MIAMI, FL 33187

Title: D () Delete
Name: CAMARAZA, JORGE
Address: 21001 SW 167 AVE
City-St-Zip: MIAMI, FL 33187

Title: D () Delete
Name: RODRIGUEZ, MANUEL
Address: 21001 SW 167 AVE
City-St-Zip: MIAMI, FL 33187

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RODRIGUEZ-FIOL, MANUEL M
Address: 21001 SW 167 AVE
City-St-Zip: MIAMI, FL 33187

Title: VSD (X) Change () Addition
Name: COLLAZO, RICARDO
Address: 21001 SW 167 AVE
City-St-Zip: MIAMI, FL 33187

Title: VD (X) Change () Addition
Name: HODGINS, TIM
Address: 21001 SW 167 AVE
City-St-Zip: MIAMI, FL 33187

Title: D (X) Change () Addition
Name: CAMARAZA, JORGE
Address: 21001 SW 167 AVE
City-St-Zip: MIAMI, FL 33187

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL M. RODRIGUEZ-FIOL

PD

04/28/2004

Electronic Signature of Signing Officer or Director

Date