**FILED**
**Jul 19, 2004 8:00 am**
**Secretary of State**
07-06-2004 90005 032 ***150.00

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000126837

1. Entity Name
FUNDACION SONRISAS INC.

66430139

06302004 Chg-P CR2E034 (10/03)

| Principal Place of Business | Mailing Address |
|---|---|
| 137-23 SW 36TH STREET<br>MIAMI, FL 33175 | 137-23 SW 36TH STREET<br>MIAMI, FL 33175 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number: 20-0430438 — Applied For / Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| DELGADO, ROBERTO<br>137-23 SW 36TH STREET<br>MIAMI, FL 33175 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____

| FILE NOW!!! FEE IS $150.00 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS |
|---|---|---|
| Title<br>Name<br>Street Address<br>City-St-Zip | P<br>DELGADO, ROBERTO<br>137-23 SW 36TH STREET<br>MIAMI, FL 33175 ☐ Delete | ☐ Change ☐ Addition |
| Title<br>Name<br>Street Address<br>City-St-Zip | V<br>SAUREZ, SAILY<br>137-23 SW 36TH STREET<br>MIAMI, FL 33175 ☐ Delete | ☐ Change ☐ Addition |
| Title<br>Name<br>Street Address<br>City-St-Zip | ☐ Delete | ☐ Change ☐ Addition |
| Title<br>Name<br>Street Address<br>City-St-Zip | ☐ Delete | ☐ Change ☐ Addition |
| Title<br>Name<br>Street Address<br>City-St-Zip | ☐ Delete | ☐ Change ☐ Addition |
| Title<br>Name<br>Street Address<br>City-St-Zip | ☐ Delete | ☐ Change ☐ Addition |

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 a director or officer 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 above, or on an attachment with an address, with blank like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date