FILED
May 25, 2004 8:00 am
Secretary of State

04-30-2004 90293 023 ***150.00
05-25-2004 90002 011 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000032286

1. Entity Name
HUMANE MINORITY CENTER, INC.

Principal Place of Business: 620 S.W. 1ST STREET, MIAMI, FL 33130
(stamped: Humane Minority Center / Clinic Insurance / 868 S.W. 1st St. • Miami, FL 33130 / (305) 545-0966)

Mailing Address: 620 S.W. 1ST STREET, MIAMI, FL 33130

04262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
868 SW 1st St	868 SW 1st St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33130 Country: MIAMI DADE	Zip: 33130 Country: MIAMI DADE

4. FEI Number: 65-0755800 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ESCALONA, MARTA
620 S.W. 1ST STREET
MIAMI, FL 33130

7. Name and Address of New Registered Agent
Name: ESCALONA, MARTA
Street Address (P.O. Box Number Is Not Acceptable): 1019 SW 13th ST
City: MIAMI FL Zip Code: 33129

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] DATE: 4-29-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST ESCALONA, MARTA 620 S.W. 1ST STREET MIAMI, FL 33130	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST ESCALONA, MARTA 1019 SW 13th St MIAMI FL 33129	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ESCALONA, MARTA 620 S.W. 1ST STREET MIAMI, FL 33130	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 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] 4/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #