2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED

ANNUAL REPORT (AR)					FILED		
DOCUMENT # P9700054060 1. Entity Name					Feb 11, 2004 08:00 AM Secretary of State		
CLERIA F	FAMILY HOME, INC.				Secretary	of State	
Principal Place of Business Mailing Address			··.				
4911 SW 132 AVENUE MIAMI FL 33175		4911 SW 132 AVENUE MIAMI FL 33175					
]] A Security for June 1 march and 11 march as the security a	ool Bobin wond wisse Bussuus as Edud	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt #, etc.		MOORE CR2E034 (11/03)			
City & State		City & State		4. FEI Number 65-0764126	Applied For Not Applicable		
Zip	Country	Zıp	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Curre	nt Registered Agent			7. Name and Address of New Registered		
DOMINOUEZ DALII				me			
DOMINGUEZ, RAUL 4911 SW 132 AVENUE			Str	Street Address (P.O. Box Number is Not Acceptable)			
MiA	MI FL 33175						
			Cit	у	F	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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE							
F	ILE NOW!!! FEE IS \$150,00				A Slankar Council of Francis	A.T. D.C.	
After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.			11.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 11	
TITLE NAME	DPT FELIPE, DAISY	☐ Delete	TITLE	1		Change Addition	
STREET ADDRESS	4911 SW 132 AVENUE		NAME STREET ADDI	RESS			
CITY-ST-ZIP	MIAMI FL 33175		CITY-ST-ZIP	,			
TITLE	DVS	☐ Delete	TITLE		<u> </u>	Change	
NAME STREET ADDRESS	DOMINGUEZ, RAUL 4911 SW 132 AVENUE		NAME STREET ADDI	BECC	02/11/04-80059	-010 150.00	
CITY-ST-ZIP	MIAMI FL 33175		CITY-ST-ZIP	}			
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NAME		•	NAME				
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STREET ADDRESS			STREET ADDR	RESS		ļ	
CITY-ST-ZIP			CITY-S1-ZIP	·	1000		
TITLE NAME		☐ Delete	TITLE			☐ Change ☐ Addition	
STREET ADDRESS			NAME STREET ADDR	RESS		}	
CITY-ST-ZIP			CITY-ST-ZIP				
12. Hereby certify that the information supplied with this filling 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 local affect as if made under out. That I am an effect or directors are fined as the same local affect as if made under out.							
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.							