

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000092560

Entity Name: N. H. WISDOM INSTITUTE, INC.

FILED
Apr 28, 2004
Secretary of State

Current Principal Place of Business:

6134 SW 22 ST
MIAMI, FL 33155 US

New Principal Place of Business:

15210 SW 109 AVE
MIAMI, FL 33157 US

Current Mailing Address:

6134 SW 22 ST.
MIAMI, FL 33155 US

New Mailing Address:

15210 SW 109 AVE
MIAMI, FL 33157 US

FEI Number: 65-0872427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERMIDA, NOEMI
6134 SW 22 ST
MIAMI, FL 33155

Name and Address of New Registered Agent:

HERMIDA, NOEMI
15210 SW 109 AVE
MIAMI, FL 33157

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: NOEMI HERMIDA

04/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HERMIDA, NOEMI
Address: 6134 SW 22 ST
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: CASTELO, HERNAN
Address: 6134 SW 22 ST
City-St-Zip: MIAMI, FL 33155 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HERMIDA, NOEMI
Address: 15210 SW 109 AVE
City-St-Zip: MIAMI, FL 33157

Title: D (X) Change () Addition
Name: CASTELO, HERNAN
Address: 15210 SW 109 AVE
City-St-Zip: MIAMI, FL 33157 US

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: NOEMI HERMIDA

D

04/28/2004

Electronic Signature of Signing Officer or Director

Date