

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000017915

Entity Name: HACIENDA LA CARIDAD, INC.

FILED
Jan 11, 2004
Secretary of State

Current Principal Place of Business:

P.O. BOX 185
SPARR, FL 32192

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 185
SPARR, FL 32192

New Mailing Address:

FEI Number: 65-0896422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACOSTA, YAIMA
2500 W. HWY. 329
LOWELL, FL 32663 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SANTIESTEBAN, JOSE E
Address: P.O. BOX 185
City-St-Zip: SPARR, FL 32192

Title: VP () Delete
Name: ACOSTA, YAIMA
Address: P.O. BOX 185
City-St-Zip: SPARR, FL 32192

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ACOSTA, YAIMA
Address: P.O. BOX 185
City-St-Zip: SPARR, FL 32192

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ACOSTA YAIMA

PRES

01/11/2004

Electronic Signature of Signing Officer or Director

_____ Date