


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000008560
 1. Entity Name
 FUNDACION KANJOBAL GUATEMALTECA, INC.



Principal Place of Business Mailing Address
 1101 N.W. 9TH COURT P.O. BOX 901331
 HOMESTEAD, FL 33030 HOMESTEAD, FL 33030

DO NOT WRITE IN THIS SPACE



04132004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 75-3087248 Not Applicable

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

6. Name and Address of Current Registered Agent
 FRANCISCO, ANTONIO LEON
 1101 N.W. 9TH COURT
 HOMESTEAD, FL 33030

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000110551
 04/16/04-80073-010 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FRANCISCO, ANTONIO LEON
STREET ADDRESS	1101 N.W. 9TH COURT
CITY - ST - ZIP	HOMESTEAD, FL 33030
TITLE	VPD
NAME	JUAREZ, MARCOS
STREET ADDRESS	1141 NW 9TH ST
CITY - ST - ZIP	HOMESTEAD, FL 33030
TITLE	DS
NAME	DIEGO, MIGUEL
STREET ADDRESS	1227 N.W. 12TH ST.
CITY - ST - ZIP	HOMESTEAD, FL 33030
TITLE	TREA
NAME	MARCOS, GERONIMO
STREET ADDRESS	1291 N.W. 10TH ST.
CITY - ST - ZIP	HOMESTEAD, FL 33030
TITLE	TRES
NAME	PEDRO, ANDRES
STREET ADDRESS	600 N.W. 8TH AVE.
CITY - ST - ZIP	HOMESTEAD, FL 33030
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: ** Antonio C. Francisco* Date: *4/13/04* Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR