


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

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

02-25-2004 90014 012 ****61.25

DOCUMENT # 706459
1. Entity Name
HAWTHORNE HOUSE, INC.



Principal Place of Business Mailing Address
**3201 N.E. 29TH ST.
FT. LAUDERDALE FL 33308** **3201 N.E. 29TH ST.
FT. LAUDERDALE FL 33308**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WEISSER, AARON 3201 NE 29TH STREET SUITE 104 FORT LAUDERDALE FL 33308		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	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: *Aaron Weisser* 2/20/04 DATE

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VPD WEISSER, AARON 3201 NE 29TH ST., #104 FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD TRUOCCHIO, GARY 3201 NE 29TH ST. #305 FORT LAUDERDALE FL 33308 <input checked="" type="checkbox"/> Delete	TITLE	P.D. CLIFORTEMPESTA 3201 N.E. 29TH ST. #205 FORT LAUDERDALE, FLA 33308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	SD CORLEY, PAT 3201 NE 29TH ST APT 306 FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPD COVIELLO, JOSEPH 3201 NE 29 ST #207 FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD HINER, GINNY 3201 NE 29TH ST #304 FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D MAGNANI, ARTHUR 3201 NE 29TH ST. #103 FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Aaron Weisser* 2/20/04 954-565-9454 DATE Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR