## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 26, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # 708668 ship incorporated				-		0439 045 ****6.	1.25	
Principal Place of Business 140 N W 44TH ST OAKLAND PARK, FL 33309		Mailing Address 140 N W 44TH ST OAKLAND PARK, FL 33309			94065156				
2. Principal Place of Business		3. Mailing Address C/O CHANLESFISCHO		CHO					
Suite, Apt. #, etc.		Suite A 5 # 60 W. SAMPLERD		no	04222004 Ch	ng-NP	CR2E037 (10/03)		
City & State		City & State CORAL SPAWGS, FL			4. FEI Number 59-615936	3	<del></del>	pplied For t Applicable	
Zip	Country	33065	USA		5. Certificate of Sta	atus Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current F	Registered Agent			7. Name and Add	ress of New Reg	istered Agent		
BLACK, TERRY 3930 NE 5TH AVE			Name  Street Address (2-D/Port) unbooks New Abodolatre) ER						
FORT LAUDERDALE, FL 33334				9900 W. SAMPLE RD. STE 300					
			City C						
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 gent.  CHARLES FISCHER									
SIGNATURE OPEN STE 300 4/22/04									
SIGNATURE	Signature, broad or printed name of registered extent a					STE 300	7/2-	1	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	CORAL		PLE BD S	33065	DATE	7	
SIGNATURE	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2004		Registered Agent signature COPAL paign Financing	CPE		33065 Mak	te check payable to a Department of St		
SIGNATURE-	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIR	9. Election Camp Trust Fund Col	Registered Agent signature COPAL paign Financing	ure required.	\$5.00 May Be Added to Fees	33065 Mak Florida	e check payable to	tate	
10. TITLE	Filing Fee is \$61.25 Due by May 1, 2004  OFFICERS AND DIR	nd title if applicable. (NOTE: F  9. Election Camp  Trust Fund Col	eaign Financing ntribution.	TA	\$5.00 May Be Added to Fees	33065 Mak Florida	te check payable to a Department of St AND DIRECTORS IN	10 Addition	
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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR