


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

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90044 042 \*\*\*\*61.25

<b>DOCUMENT # 713888</b>	
1. Entity Name TARA ASSOCIATION, INC.	

Principal Place of Business 2121 NORTHEAST 68 STREET FORT LAUDERDALE FL 33308	Mailing Address 2121 NORTHEAST 68 STREET FORT LAUDERDALE FL 33308
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24042003



MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 59-1237569	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

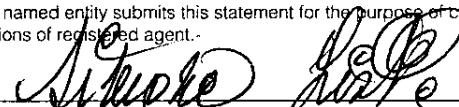
6. Name and Address of Current Registered Agent

JOYNER, PAMELA  
 2121 N.E. 69TH ST  
 APT. 101  
 FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name Simone List  
 Street Address (P.O. Box Number is Not Acceptable)  
 2121 NE 68th St., Apt. 106  
 City Fort Lauderdale FL Zip Code 33308

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  President 04-10-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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

TITLE NAME VSD LIST, SIMONE STREET ADDRESS 2121 NE 68TH ST., APT. #106 CITY-ST-ZIP FT LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME PD JOYNER, PAMELA STREET ADDRESS 2121 NE 68TH ST., APT. #101 CITY-ST-ZIP FT LAUDERDALE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME TD FALANGA, PAUL M STREET ADDRESS 2121 NE 68 STREET APT 114 CITY-ST-ZIP FORT LAUDERDALE FL 33308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VD Joseph Andrasi STREET ADDRESS 2121 NE 68th St., Apt. 208 CITY-ST-ZIP Fort Lauderdale, FL 33308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME TD Aleyda Yanes STREET ADDRESS 2121 NE 68th St., Apt. 103 CITY-ST-ZIP Fort Lauderdale, FL 33308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME SD Vania Ortube STREET ADDRESS 2121 NE 68th St., Apt. 203 CITY-ST-ZIP Fort Lauderdale, FL 33308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D Louise Zurheide STREET ADDRESS 2121 NE 68th St., Apt. 104 CITY-ST-ZIP Fort Lauderdale, FL 33308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 information covered.

SIGNATURE:  President 04-10-04 954-491-2075  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #