


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

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90009 035 \*\*\*\*61.25

<b>DOCUMENT # 723564</b> 1. Entity Name <b>MEADOWBROOK E.F.G.H., INC.</b>	
---	---

Principal Place of Business <b>MEADOWBROOK EFGH 609 NE 14TH AVE HALLANDALE FL 33009</b>	Mailing Address <b>MEADOWBROOK EFGH P.O. BOX 1611 HALLANDALE FL 33008</b>
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>MEADOWBROOK EFGH</b> Suite, Apt. #, etc. <b>P.O. Box 1611</b>
City & State	City & State <b>HALLANDALE BCH, FL</b>
Zip <b>33008</b>	Country <b>USA</b>



MOORE CR2E037 (11/03)

4. FEI Number <b>59-1461589</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MICELLI, MIRIAM 620 NE 12TH AVE HALLANDALE FL 33009</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENIGMAN, ANITA 619 N.E. 14 AVE HALLANDALE FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRES, SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SAME</b> <b>HENIGMAN, ANITA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICELLI, MIRIAM 620 N 12TH AVE HALLANDALE FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SAME</b> <b>MICELLI, MIRIAM</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARADE, MANUEL 609 NE 14 AVENUE HALLANDALE FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER PARADE, E MANUEL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SAME SAME</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 empowered.

**SIGNATURE:** Manuel J. Parade **2/04/03 954-458-7520**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #