


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2004 08:00 AM
Secretary of State


DOCUMENT # 730506

1. Entity Name
AGORAPHOBIA, ANOREXIA, & BULIMIA RESOURCE CENTER, INC.



Principal Place of Business 111 MAJORCA AVENUE B CORAL GABLES, FL 33134 US	Mailing Address 111 MAJORCA AVE. B CORAL GABLES, FL 33134 US
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DO NOT WRITE IN THIS SPACE



07292004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2157553	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

**BARON, RICHARD, ESQ.
 11077 BISCAYNE BLVD.
 MIAMI, FL 33161**

DO NOT WRITE IN THIS SPACE

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

**Filing Fee is \$61.25
 Due by September 8, 2004**

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

U00000169883
 08/12/04-88801-016-61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEVINE, PAULA 255 ALHAMBRA CIRCLE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD LEVINE, JACK B 600 GRAPETREE DR APT 6CS KEY BISCAYNE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARON, RICHARD 11077 BISCAYNE BLVD. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 19.07(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: *Paula Levine* **Aug 8/04** *305-448-*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Durable Phone

8325