



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90053 017 ****61.25

DOCUMENT # F01000002258					
1. Entity Name THE AME FOUNDATION, INC.					
Principal Place of Business P.O. BOX 771717 CORAL SPRINGS, FL 33077			Mailing Address P.O. BOX 771717 CORAL SPRINGS, FL 33077		
2. Principal Place of Business P.O. Box 8847		3. Mailing Address P.O. Box 8847			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State CORAL SPRINGS, FL		City & State CORAL SPRINGS, FL		01142004 Chg-NP CR2E037 (10/03)	
4. FEI Number 65-0994251		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Zip 33075		Country	
6. Name and Address of Current Registered Agent MCNAMARA, THOMAS P 2909 BAY TO BAY BLVD., STE. 309 TAMPA, FL 33629			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PTD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SERBIN, JAY	NAME			
STREET ADDRESS	PO BOX 771717	STREET ADDRESS	P.O. Box 8847		
CITY-ST-ZIP	CORAL SPRINGS, FL 33077	CITY-ST-ZIP	CORAL SPRINGS, FL 33075		
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SERBIN, RANDI	NAME			
STREET ADDRESS	PO BOX 771717	STREET ADDRESS	P.O. Box 8847		
CITY-ST-ZIP	CORAL SPRINGS, FL 33077	CITY-ST-ZIP	CORAL SPRINGS, FL 33075		
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SERBIN, CAROL	NAME			
STREET ADDRESS	PO BOS 771717	STREET ADDRESS	P.O. Box 8847		
CITY-ST-ZIP	CORLA SPRINGS, FL 33077	CITY-ST-ZIP	CORAL SPRINGS, FL 33075		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u>Jay Serbin</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <u>JAY SERBIN</u>		Date: <u>1/14/04</u> Daytime Phone #: <u>954-376-1996</u>	