


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

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90026 030 ****61.25

DOCUMENT # N0100000920				
1. Entity Name M.U.S.T. FOR PARKLAND, INC.				
Principal Place of Business 5735 NW 77TH TERRACE PARKLAND FL 33067		Mailing Address 5735 NW 77TH TERRACE PARKLAND FL 33067		
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 65-1099059
				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 GIAFAGLIONE, LAURI 5735 NW 77TH TERRACE PARKLAND FL 33067			7. Name and Address of New Registered Agent	
			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			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>				
FILE NOW: 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	PD	<input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIAFAGLIONE, LAURI		NAME	Natalie Bigio
STREET ADDRESS	5735 NW 77TH TERR		STREET ADDRESS	6877 NW 66 Ave
CITY-ST-ZIP	PARKLAND FL 33067		CITY-ST-ZIP	Parkland FL 33067
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	
NAME	DEVONA, LISA		NAME	
STREET ADDRESS	7770 NW 82ND TERR		STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL 33067		CITY-ST-ZIP	
TITLE	TSD	<input type="checkbox"/> Delete	TITLE	TSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGIO, NATALIE		NAME	Giafaglione, Lauri
STREET ADDRESS	6877 NW 66TH AVENUE		STREET ADDRESS	5735 NW 77 Terr
CITY-ST-ZIP	PARKLAND FL 33067		CITY-ST-ZIP	Parkland FL 33067
TITLE		<input type="checkbox"/> Delete	TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	



MOORE CR2E037 (11/03)

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: *Lauri Giafaglione* **LAURI Giafaglione** T/s/p 2/11/04 (954) 752 9531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #