


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000001468

1. Entity Name
 LOCUST PROJECTS, INC.



Principal Place of Business 105 NW 23RD ST MIAMI, FL 33127	Mailing Address 105 NW 23RD ST MIAMI, FL 33127
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07212004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1134780	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

MERKIN, STEWART A ESQ
 444 BRICKEL AVE, SUITE 300
 MIAMI, FL 33131

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7. 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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WITHSTANDLEY, ELIZABETH 105 NW 23RD ST MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHARLES, WILLIAM 105 NW 23RD ST MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COOPER, BRYAN 105 NW 23RD ST MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERG, PAUL 105 NW 23RD ST MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHESTLER, JEREMY 105 NW 23RD ST MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEATER, JOHN 105 NW 23RD ST MIAMI, FL 33127

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 07/27/04-80003-004 61.25

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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: _____ **7-21-04 3056095384**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #