

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91227 007 \*\*\*\*61.25

**DOCUMENT # N01000009015**  
 1. Entity Name  
 SPECIAL CITY FOR SPECIAL PEOPLE, INC.



Principal Place of Business 175 FOUNTAINEBLEAU BLVD. 1 D 2 MIAMI, FL 33172	Mailing Address 175 FOUNTAINEBLEAU BLVD. 1 D 2 MIAMI, FL 33172
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04212004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 80-0005358	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 GONZALEZ, MARIA D  
 175 FOUNTAINEBLEAU BLVD., SUITE 1D2  
 MIAMI, FL 33172

**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 May 1, 2004**

9. 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 GONZALEZ, MARIA D 175 FOUNTAINEBLEAU BLVD. ST 1D2 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>TD HENRIQUE, EDUARDO 175 FOUNTAINEBLEAU BLVD. ST 1D2 MIAMI, FL 33172</del> <i>Delete</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PEREZ, NELLY L 175 FOUNTAINEBLEAU BLVD. ST 1D2 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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 *Maria D. Gonzalez* Date 4/27/04 (305) 5534863  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #