


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90259 007 ****61.25

DOCUMENT # N02000003286					
1. Entity Name AMERICAN CENTER FOR INTELLECTUAL DEVELOPMENT CORP.					
Principal Place of Business 950 NW 22ND AVENUE MIAMI, FL 33125			Mailing Address 950 NW 22ND AVENUE MIAMI, FL 33125		
2. Principal Place of Business <i>Sumo</i>		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number APPLIED FOR 03-0438314	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHAMBROT, JOSEPH A ESQ 950 NW 22ND AVENUE MIAMI, FL 33125			Name <i>Sumo</i>		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. The above named entity submits the 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
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	PD	<input type="checkbox"/> Delete		TITLE	<i>D</i>
NAME	CHAMBROT, JOSEPH A			NAME	<i>Loudez Monendez</i>
STREET ADDRESS	950 NW 22ND AVENUE			STREET ADDRESS	<i>950 NW 22nd</i>
CITY-ST-ZIP	MIAMI, FL 33125			CITY-ST-ZIP	<i>MIAMI FLA 33125</i>
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	
NAME	MARCUCCI, PATRICIA			NAME	
STREET ADDRESS	950 NW 22ND AVENUE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33125			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	GARCIA, CAROLYN			NAME	
STREET ADDRESS	950 NW 22ND AVENUE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33125			CITY-ST-ZIP	
TITLE	<i>D</i>	<input type="checkbox"/> Delete		TITLE	
NAME	<i>Loudez Monendez</i>			NAME	
STREET ADDRESS	<i>950 NW 22nd</i>			STREET ADDRESS	
CITY-ST-ZIP	<i>MIAMI FLORIDA 33125</i>			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	
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 such address, with all other like empowered.					
SIGNATURE: _____				Date _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # _____	

44025944



04082004 Chg-NP CR2E037.(10/03)

Applied For Not Applicable

8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name *Sumo*
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

8. The above named entity submits the 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$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	<i>D</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CHAMBROT, JOSEPH A			NAME	<i>Loudez Monendez</i>		
STREET ADDRESS	950 NW 22ND AVENUE			STREET ADDRESS	<i>950 NW 22nd</i>		
CITY-ST-ZIP	MIAMI, FL 33125			CITY-ST-ZIP	<i>MIAMI FLA 33125</i>		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARCUCCI, PATRICIA			NAME			
STREET ADDRESS	950 NW 22ND AVENUE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33125			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARCIA, CAROLYN			NAME			
STREET ADDRESS	950 NW 22ND AVENUE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33125			CITY-ST-ZIP			
TITLE	<i>D</i>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>Loudez Monendez</i>			NAME			
STREET ADDRESS	<i>950 NW 22nd</i>			STREET ADDRESS			
CITY-ST-ZIP	<i>MIAMI FLORIDA 33125</i>			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			

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SIGNATURE: _____ Date _____ Daytime Phone # _____

(305) 642-6427