


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

**FILED**  
**May 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90318 001 \*\*\*\*62.00

**DOCUMENT # N03000000335**

1. Entity Name  
**HOUSE OF REFUGE OF SOUTH FLORIDA, INC.**



Principal Place of Business  
**9965 MIRAMAR PKWY  
 MIRAMAR, FL 33025**

Mailing Address  
**9965 MIRAMAR PKWY  
 MIRAMAR, FL 33025**

**66422761**



2. Principal Place of Business  
**9965 Miramar Parkway**  
 Suite, Apt. #, etc.  
**# 304 Miramar Flbr.**  
 City & State  
**Florida**

3. Mailing Address  
**9965 Miramar Parkway**  
 Suite, Apt. #, etc.  
**# 304, Miramar FL**  
 City & State  
**Florida**

03302004 Chg-NP CR2E037 (10/03)

Zip  
**33025** Country

Zip  
**33025** Country

4. FEI Number  
**371454426** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WALKER, VILMA**  
**9965 MIRAMAR PKWY**  
**MIRAMAR, FL 33025**

7. Name and Address of New Registered Agent  
 Name  
**N/A**  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
**N/A** 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.  
**N/A**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD WALKER, VILMA 9965 MIRAMAR PKWY MIRAMAR, FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOARES, CHRISTOPHER 9965 MIRAMAR PKWY MIRAMAR, FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SOARES, NATALIE 9965 MIRAMAR PKWY MIRAMAR, FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Vilma Walker **4-15-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #