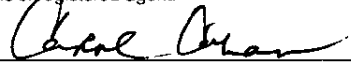
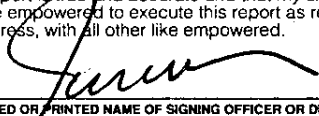


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90022 022 ****61.25

DOCUMENT # N35922 1. Entity Name WOMEN'S EMERGENCY NETWORK, INC.					
Principal Place of Business 1234 S. DIXIE HWY., #312 CORAL GABLES FL 33146			Mailing Address 1234 S. DIXIE HWY., #312 CORAL GABLES FL 33146		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2985791	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COHAN, CAROL 3939 LEAFY WAY MIAMI FL 33133				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 					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: 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 COHAN, CAROL 3939 LEAFY WAY COCONUT GROVE FL 33133 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEYER, LYNN 6700 S.W. 52 STREET MIAMI FL 33154 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Karen Elkin 1012 MARIPOSA Ave Coral Gables, FL 33146 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELKIN, KAREN 1012 MARIPOSA AVENUE CORAL GABLES FL 33146 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Betty Morrow 8215 SW 40 Ave MIAMI FL 33183 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ELLISON, JANET 4974 SW 76TH STREET MIAMI FL 33143 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANEY, DOROTHY 1129 N.W. 105 STREET MIAMI FL 33150 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 			2/2/04 305 669 0669		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		