


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90138 014 ****61.25

DOCUMENT # N94000002871	
1. Entity Name GLSEN/MIAMI, INC.	

Principal Place of Business 3229 GIFFORD LANE MIAMI, FL 33133	Mailing Address P.O. BOX 347321 CORAL GABLES, FL 33234-7321
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DO NOT WRITE IN THIS SPACE



04272004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0476504	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

LOUPO, ROBERT
 3229 GIFFORD LANE
 MIAMI, FL 33133

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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 LOUPO, ROBERT 3229 GIFFORD LANE MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PRESLEY, BRUCE 2609 NE 8 STREET FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRIQUEZ, LUIS 4190 PAMONA MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KAPLAN, BETSY 6790 SW 122 DRIVE MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BREMER, JOHN 1219 PENNSYLVANIA AVENUE MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANCO, ROGER 801 MERIDIAN AVE #3-C MIAMI BCH, FL 33139

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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: Bruce Presley **BRUCE PRESLEY** 04.25.04 305/285-6568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #