

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

**FILED  
Mar 09, 2004  
Secretary of State**

DOCUMENT# N94000005282

Entity Name: INTERNATIONAL BROTHERHOOD OF MAGICIANS, RING 45, INC.

**Current Principal Place of Business:**

8961 SW 150TH CT CIR W  
MIAMI, FL 33196 US

**New Principal Place of Business:**

**Current Mailing Address:**

8961 SW 150TH CT CIR W  
MIAMI, FL 33196 US

**New Mailing Address:**

FEI Number: 65-0537325      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEL VECCHIO, RICHARD A  
8961 SW 150TH CT CIR W  
MIAMI, FL 33196 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CODORNIU, OLIVER  
Address: 12880 SW 60 ST.  
City-St-Zip: MIAMI, FL 33183

Title: VPD ( ) Delete  
Name: BERDASCO, LOU  
Address: 1408 BRICKELL BAY DR., #410  
City-St-Zip: MIAMI, FL 33131

Title: SD ( ) Delete  
Name: GOLDEN, WIL  
Address: 10531 NW 122 COURT  
City-St-Zip: MIAMI, FL 33186

Title: TD ( ) Delete  
Name: BEERSON, BETTY  
Address: 8941 SW 150 CT CIR E  
City-St-Zip: MIAMI, FL 33196

Title: SAD ( ) Delete  
Name: SILVER, HILL  
Address: 7860 SW 20 STREET  
City-St-Zip: MIAMI, FL 33155

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: PROGRIS, JIM  
Address: 711 CALATRAVA  
City-St-Zip: CORAL GABLES, FL 33143

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OLIVER CODORNIU

PRES

03/09/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date