


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

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90074 041 ****61.25

DOCUMENT # N95000003425		
1. Entity Name BROWARD MUSICIANS ASSOCIATIONS, INC.		
Principal Place of Business 13780 NW 4 PLACE MIAMI FL 33168 US		Mailing Address 13780 NW 4 PLACE #202 MIAMI FL 33168 US
2. Principal Place of Business <i>13780 N.W. 4th Place</i>	3. Mailing Address <i>13780 N.W. 4th Place</i>	
City & State <i>N. Miami, FL</i>	City & State <i>N. Miami, FL</i>	
Zip <i>33168-4052</i>	Country <i>USA</i>	Country <i>USA</i>



MOORE CR2E037 (11/03)

4. FEI Number 65-0598154		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GUERRESCHI, GLORIA 13780 NW 4 PLACE NO MIAMI FL 33168-4052		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 *Gloria Guerreschi* DATE *04/16/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	TD GUERRESCHI, GLORIA 13780 NW 4TH PL. MIAMI FL 33168-4052 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M-C Mary Anne Cote 4922 N.W. 47 Terr. Tamarac, FL 33319 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAY, GINNY 1100 SW 12TH ST., #C-108 FORT LAUDERDALE FL 33315 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C John Christensen 17942 N.W. 68 Ave. Miami, FL 33015 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYERS, DONNA-K 391 NW 35TH COURT FORT LAUDERDALE FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gladys Woods 391 N.W. 35 Ct. Oakland Park, FL 33309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S-R Jacquelyn Sloeum 2790 N.W. 105 Lane Sunrise, FL 33322-1041 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Walter Voigt 10 Ashby, Bldg. A Deerfield Beach, FL 33442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-P John Buckalew 321 S.E. 34 St. #402 Dania Beach, FL 33004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marilyn Rich 1000 S.W. 12 St. #103 Ft. Lauderdale, FL 33315 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S-C Barbara Snatchko 321 S.E. 34 St. #402 Dania Beach, FL 33004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Genevieve Cordes 3051 N.E. 48 St. #510 Ft. Lauderdale, FL 33309 <input type="checkbox"/> Change <input checked="" 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: *Gloria Guerreschi* DATE *04/16/04* (305) 681-5484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #