2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004032

Title:

Name:

Address:

City-St-Zip:

FILED Jul 10, 2004 Secretary of State

Entity Name: RETARDED ADULTS IN NEED BRIGHTEN OUR WORLD, INC.

Current Principal Place of Business: New Principal Place of Business: 7160 STIRLING RD 1751 N 68TH AVE DAVIE PLAZA HOLLYWOOD, FL 33024 **DAVIE, FL 33004 Current Mailing Address: New Mailing Address:** 7160 STIRLING RD 1751 N 68TH AVE. DAVIE PLAZA HOLLYWOOD, FL 33024 **DAVIE, FL 33004** FEI Number: 65-0615686 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MINDE, JEFFREY 4300 N UNIVERSITY DRIVE SUITE B-104 LAUDERHILL, FL 33351 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete CAPRIO, TERESA L CAPRIO, TERESA L Name: Name: 10260 PORT OF SPAIN ST Address: 3200 SW 116TH AVE Address: City-St-Zip: COOPER CITY, FL 33026 City-St-Zip: **DAVIE. FL 33330** Title: () Delete Title: () Change () Addition BRAYTENBAH, JOHN Name: Name: Address: 112 IRON HILL RD. Address: City-St-Zip: NEW BRITAIN, PA 18901 City-St-Zip: Title: () Delete Title: () Change () Addition BRAYTENBAH, MARY Name: Name: 112 IRON HILL RD. Address: Address: City-St-Zip: NEW BRITAIN, PA 18901 City-St-Zip: Title: VΡ () Delete Title: (X) Change () Addition Name: CAPRIO, KATHERINE Name: CAPRIO, KATHERINE 568 GORDON CIRCLE Address: 1425 SW 8 CT Address: City-St-Zip: FT LAUDERDALE, FL 33312 City-St-Zip: KEY LARGO, FL 33037

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: TERESA L CAPRIO PRES 07/10/2004

() Delete

CAPRIO, SAMANTHA

10260 PORT OF SPAIN ST

COOPER CITY, FL 33026

(X) Change () Addition

CAPRIO, SAMANTHA

3200 N 68TH AVE

DAVIE, FL 33330