


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

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000004862 1. Entity Name SHAKE-A-LEG MIAMI, INC.	
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Principal Place of Business 2620 S BAYSHORE DRIVE MIAMI FL 33133	Mailing Address 2620 S BAYSHORE DRIVE MIAMI FL 33133
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2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For
Suite, Apt #, etc.	Suite, Apt. #, etc.	65-0611917	<input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent HORGAN, HARRY R 7901 SW 50 COURT MIAMI FL 33143	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: *[Signature]* DATE
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS													
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<table border="0" style="width: 100%;"> <tr><td style="width: 80%;">D ANDY, VLADIMIR 3802 LITTLE AVE. MIAMI FL 33133</td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>C GREEN, BARTH 620 SABAL PALM RD. MIAMI FL 33137</td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>T ROSENBERGER, ROGER 14500 SW 94 CT. MIAMI FL 33176</td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>P HORGAN, HARRY R 7901 SW 50 CT MIAMI FL</td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>D CHARLES, HARTZ 4800 LEJEUNE ROAD CORAL GABLES FL 33146</td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>D PAGAN, LUIS 1625 S BAYSHORE DR MIAMI FL 33133</td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> </table>	D ANDY, VLADIMIR 3802 LITTLE AVE. MIAMI FL 33133	<input type="checkbox"/> Delete	C GREEN, BARTH 620 SABAL PALM RD. MIAMI FL 33137	<input type="checkbox"/> Delete	T ROSENBERGER, ROGER 14500 SW 94 CT. MIAMI FL 33176	<input type="checkbox"/> Delete	P HORGAN, HARRY R 7901 SW 50 CT MIAMI FL	<input type="checkbox"/> Delete	D CHARLES, HARTZ 4800 LEJEUNE ROAD CORAL GABLES FL 33146	<input type="checkbox"/> Delete	D PAGAN, LUIS 1625 S BAYSHORE DR MIAMI FL 33133	<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10													
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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: *[Signature]* 2/26/04 305 858 5550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #