


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

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90003 038 ****61.25

DOCUMENT # N97000001894		
1. Entity Name TRINIDAD & TOBAGO NURSES ASSOCIATION OF SOUTH FLORIDA, INC.		
Principal Place of Business 18610 NW 8TH AVE MIAMI FL 33169 US	Mailing Address 18610 NW 8TH AVE MIAMI FL 33169 US	
2. Principal Place of Business	3. Mailing Address	



Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E037 (11/03)	
City & State		City & State		4. FEI Number 65-0746662	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DALRYMPLE, CHERYL 18610 NW 8TH AVE MIAMI FL 33169			7. Name and Address of New Registered Agent		
Name			DALRYMPLE CHERYL		
Street Address (P.O. Box Number is Not Acceptable)			18610 NW 8th Avenue		
City			City		Zip Code
			Miami		FL 33169

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SELBY, ELENA 7904 EMBASSY BLVD. MIRAMAR FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DALRYMPLE, CHERYL 18610 NW 8TH AVENUE MIAMI FL 33169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SAMUELS, AGATHA 520 NW 157TH STREET MIAMI FL 33169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ELENA CHAN-PAK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1944 SW 94th Hollywood FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LENDOR, MARILYN 971 SW 101ST TERRACE PEMBROKE PINES FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LOUIS, YVONNE 19201 NW 22ND AVENUE MIAMI FL 33056 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAMPBELL, EARLINE G 1301 NW 133RD STREET MIAMI FL 33164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: *Cheryl Dalrymple* 3-29-04 305-243-5718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #