2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90694 036 ****70.00

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1. Entity Name
SOUTH FLORIDA ECONOMIC EMPOWERMENT, INC

Principal Place of Business	Mailing Address
4061 N.W. 16TH ST. LAUDERHILL, FL 33313	4007 SAUDERLING LN WESTON, FL 33331

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04302004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0792593
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, HENRY
4061 N.W. 16TH ST.
LAUDERHILL, FL 33313

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FERNANDEZ, HENRY
STREET ADDRESS	4061 N.W. 16TH ST.
CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	SD
NAME	ALLISON, STEVE
STREET ADDRESS	4731 NW 10TH CRT
CITY-ST-ZIP	PLANTATION, FL 33323
TITLE	TD
NAME	SIMS, EDDIE
STREET ADDRESS	7951 SW 7TH CT
CITY-ST-ZIP	N LAUDERDALE, FL 33068
TITLE	D
NAME	HANKERSON, BRIAN
STREET ADDRESS	8741 SW 14TH ST
CITY-ST-ZIP	PEMBROKE PINES, FL 33025
TITLE	D
NAME	ALSTON, WILLIAM
STREET ADDRESS	4706 NW 89TH AVE
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/30/04 954-742-7832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #