2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N99000000080

Entity Name: THE AMERICANS FOR CHILD CARE FIGHTING POVERTY (A NOT FOR PROFIT)CORPORATION

Current Principal Place of Business:

5557 WEST OAKLAND PARK BOULEVARD
LAUDERHILL, FL 33313 US

New Principal Place of Business:

359 MERIDIAN AVE.
SUITE # 103
MIAMI BEACH, FL 33139 US

Current Mailing Address:

1369 MERIDIAN AVENUE
MIAMI BEACH, FL 33139 US

New Mailing Address:

359 MERIDIAN AVE.
SUITE # 103
MIAMI BEACH, FL 33139 US

FEI Number: 01-0648475 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIEBERMAN, MYRON
359 MERIDIAN AVE #103
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

LIEBERMAN, MYRON
359 MERIDIAN AVE
SUITE # 103
MIAMI BEACH, FL 33139 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: MYRON LIEBERMAN 04/30/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PDM ( ) Delete
Name: LIEBERMAN, MYRON
Address: 359 MERIDIAN AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete
Name: MUORO, JOEL PETER
Address: 2420 NW 102 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D ( ) Delete
Name: SCHUMAN, BARBARA
Address: 1761 NW 96 TERRANCE
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MYRON LIEBERMAN PDM 04/30/2004
Electronic Signature of Signing Officer or Director Date