2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004
Secretary of State

DOCUMENT# 768997

Entity Name: BUTTERFLY COOP CORP., INC.

Current Principal Place of Business:

30695 SW 162 AVE
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

30695 SW 162 AVE
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 59-2456082 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOSTER, AMY S
878 NW 9TH COURT
HOMESTEAD, FL 33030

Name and Address of New Registered Agent:

GARCIA, NANCY S
27301 SW 167 AVE
HOMESTEAD, FL 33031

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: NANCY S GARCIA 01/12/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: FOSTER, AMY S
Address: 878 NW 9TH CT
City-St-Zip: HOMESTEAD, FL 33030

Title: SD ( ) Delete
Name: REYNOLDS, MARGARET
Address: 19205 SW 256 STREET
City-St-Zip: HOMESTEAD, FL 33031

Title: PD ( ) Delete
Name: SMITH, ODALIS
Address: 21111 SW 125TH CT RD
City-St-Zip: MIAMI, FL 33177

Title: VD ( ) Delete
Name: FRALEY, DENISE
Address: 18835 SW 256 ST
City-St-Zip: HOMESTEAD, FL 33031

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: GARCIA, NANCY S
Address: 27301 SW 167 AVQ
City-St-Zip: HOMESTEAD, FL 33031

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: NANCY S GARCIA TD 01/12/2004
Electronic Signature of Signing Officer or Director Date