


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90046 038 \*\*\*\*70.00

<b>DOCUMENT # 725121</b>					
1. Entity Name THE VILLAGE SOUTH, INC.					
Principal Place of Business 3180 BISCAYNE BLVD. MIAMI, FL 33137			Mailing Address 3180 BISCAYNE BLVD. MIAMI, FL 33137		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03022004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-1452736	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GISSEN, MATTHEW 3180 BISCAYNE BLVD. MIAMI, FL 33137			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DST <input checked="" type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LIEBERMAN, HENRY	NAME	STEINBERG, RICHARD		
STREET ADDRESS	1200 SW 137 AVE APT E 102	STREET ADDRESS	300 EAST CHARLESTON BLVD., #300		
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	CITY-ST-ZIP	LAS VEGAS, NV 89104		
TITLE	DV <input type="checkbox"/> Delete	TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HOLDER, JAY	NAME	CASSINGER, MARY		
STREET ADDRESS	975 41ST ST.	STREET ADDRESS	2950 S. INDUSTRIAL ROAD		
CITY-ST-ZIP	MIAMI BCH, FL 33155	CITY-ST-ZIP	LAS VEGAS, NV 89109		
TITLE	DPC <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TREADWAY, DEEANNE	NAME	WADHAMS, TIM		
STREET ADDRESS	1717 N BAYSHORE DR UNIT 3256	STREET ADDRESS	1120 SHADOW LANE, # D		
CITY-ST-ZIP	MIAMI, FL 33132	CITY-ST-ZIP	LAS VEGAS, NV 89102		
TITLE	AST <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GRIZZLE, NANCY	NAME	WALSH, TOM		
STREET ADDRESS	569 NW 208 WAY	STREET ADDRESS	180 28th AVENUE		
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	CITY-ST-ZIP	ST. PETERSBURG, FL. 33700		
TITLE	D <input type="checkbox"/> Delete	TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SILVERMAN, ADAM	NAME	SILVERMAN, ADAM		
STREET ADDRESS	839 HERITAGE DR.	STREET ADDRESS			
CITY-ST-ZIP	WESTON, FL 33326	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 <i>Nancy Grizzle</i>		Date <i>3/3/04</i>		Daytime Phone # <i>305-571-2628</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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