

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-08-2004 90035 007 ****61.25

DOCUMENT # N03000008587

1. Entity Name
STUDENTS HELPING ACHIEVE PHILANTHROPIC EXCELLENCE, INC.



Principal Place of Business
**2875 NE 191 ST STE 400
 AVENTURA, FL 33180**

Mailing Address
**2875 NE 191 ST STE 400
 AVENTURA, FL 33180**

66407229



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

01272004 Chg-NP CR2E037 (10/03)

4. FEI Number **20-0290080** Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**PAPADAKIS, JOAN
 2875 NE 191 ST STE 400
 AVENTURA, FL 33180**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____
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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GORDON, MARK J	
STREET ADDRESS	2875 NE 191 ST STE 400	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAPADAKIS, JOAN	
STREET ADDRESS	2875 NE 191 ST STE 400	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	PLATT, NANCY	
STREET ADDRESS	2875 NE 191 ST STE 400	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	STUDNIK, STACY	
STREET ADDRESS	2875 NE 191 ST STE 400	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Joan Papadakis **JOAN PAPADAKIS** 2/26/04 **305 370-7112**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #