


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 764453</b> 1. Entity Name MYSTICAL ROSE PRAESIDIUM OF THE LEGION OF MARY, INC.	
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Principal Place of Business 129 ALMERIA AVE CORAL GABLES, FL 33134 US	Mailing Address P.O. BOX 381752 MIAMI, FL 33238-1752 US
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02062005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-0761894	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  STEELE, MARK N 19281 HOLIDAY RD MIAMI, FL 33157
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**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEELE, MARK 19281 HOLIDAY RD MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANNIS, MARGARET 379 NE 94TH STREET MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUCKLEY, BRIAN 13627 SW 117 LANE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOULLIERE, RICHARD REV P.O BOX 221937 HOLLYWOOD, FL 33022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHIN, MADGE 95 NE 128TH STREET MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000224127  
02/10/05-80070-012 61.25

**DO NOT WRITE IN THIS SPACE**

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: Brian Buckley FEB 7, 2005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #