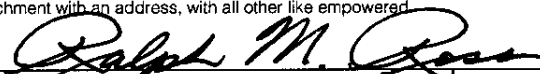


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90009 007 ****70.00

DOCUMENT # 709553 1. Entity Name MT. ZION DEVELOPMENTS, INC.					
Principal Place of Business 301 N.W. 9TH STREET MIAMI, FL 33136			Mailing Address 301 N.W. 9TH STREET MIAMI, FL 33136		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		24082228 	
City & State		City & State		4. FEI Number 23-7178152	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSS, RALPH M 301 N.W. 9TH STREET MIAMI, FL 33136				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by September 8, 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSS, RALPH M 301 N.W. 9TH STREET MIAMI, FL 33136	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCQUEEN, JAMES 301 N.W. 9TH STREET MIAMI, FL 33136	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STRAWDER, KAREN T 301 N.W. 9TH STREET MIAMI, FL 33136	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Katrina M. Scott 301 NW 9th Street Miami, FL 33136 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, CHARLIE 301 N.W. 9TH STREET MIAMI, FL 33136	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, TERRY 301 N.W. 9TH STREET MIAMI, FL 33136	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mitchell, Carl 301 NW 9th Street Miami FL 33136 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKINNEY, ROBERT ATTY. 301 N.W. 9TH STREET MIAMI, FL 33136	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 				Date _____ Daytime Phone # _____	