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

FILED Apr 02, 2004 8:00 am Secretary of State 04-02-2004 90032 001 ****61.25

1. Entity Name	SOCIETY OF GREATER MIZ SOCIETY FOR PREVENTION				04-02-2004 90		01.23	
2101 N.W. 95 STREET 210		Mailing Address 2101 N.W. 95 STREET MIAMI, FL 33147	101 N.W. 95 STREET		44023950			
2. Principal P	lace of Business	3. Mailing Address	Aailing Address					
Suite, Apt. #, etc. S		Suite, Apt, #, etc.		03252004 C	hg-NP CR2	E037 (10/03)		
City & State C		City & State	City & State				plied For	
Zip Country		Zip	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Current Re	gistered Agent		7. Name and Add	lress of New Register	ed Agent		
GROSMAN, MICHELLE				Name				
	STH STREET		Street A	ddress (P.O. Box Number is	Not Acceptable)			
				45	FL Zip Code			
Filing Fee is \$61.25 9. Election 0			paign Financing					
10.	OFFICERS AND DIRE	CTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRUNN, ROBERT S 200 W RIVO ALTO DRIVE MIAMI BEACH, FL 33139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D		EX Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINE, JEANETTE 12805 BISCAYNE BAY DRIVE N MIAMI, FL 33181	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE	D GOLDEN YVONNE	, ✓ Delete	TITLE	T/D		Change	Addition	
STREET ADDRESS CITY-ST-ZIP	8137 SW 87TH TERRACE MIAMI, FL 33143		STREET ADDRESS CITY-ST-ZIP	BLAIR H-GOUL 651 NW 73RD PLANTATION,	AVENUE FL. 33317			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GROSMAN, MICHELLE 13005 BISCAYNE BAY DRIVE NORTH MIAMI, FL 33181	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D		<u></u> Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOODMAN, PHIL 1470 NE 123RD STREET #408 NORTH MIAMI, FL 33161	☐ Delete	TITLE NAME STREET ADDRESS (CITY-ST-ZIP	S/D		6 Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUDSON, ROBERT 455 CORAL WAY CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D		≰ Change	☐ Addition	

of the corporation or the receive or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that I am an officer or director of the corporation or the receive 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 all attachment without address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR