


**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		
GISSIN, 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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