2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#734646

FILED Jan 15, 2004 Secretary of State

Entity Name: LEGION OF MARY OF MIAMI, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
129 AMERICA AVENUE CORAL GABLES, FL 33134 US				129 ALMERIA AVENUE CORAL GABLES, FL 33134 US	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
P.O. BOX 3 MIAMI, FL					
FEI Number:	59-1994955	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
	IDAY RD 33157 US	submits this statement for the լ	purpose of changing its registe	red office or registered agent, or both,	
SIGNATUR					
OIOINATOI		ic Signature of Registered Ag	ent	 Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () STEELE, MARK 19281 HOLIDAY MIAMI, FL 3315	Y RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () CHIN, MADGE 95 NE 128 ST MIAMI, FL 3316	Delete	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () BUCKLEY, BRI/ 13627 SW 117 MIAMI, FL 3318	LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () SOULLERE, RIG P O BOX 22193 HOLLYWOOD,	37	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () ANNIS, MARGA 379 NE 94 STR MIAMI, FL 3313	EET	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK W STEELE PD 01/15/2004