

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90066 049 ****70.00

DOCUMENT # 741750

1. Entity Name
DEAF SERVICE'S BUREAU, INC.



Principal Place of Business
**1250 NW 7 ST.
#207
MIAMI, FL 33125 US**

Mailing Address
**1250 NW 7 ST.
#207
MIAMI, FL 33125 US**

14002352



2. Principal Place of Business

Dade

3. Mailing Address

Same

Suite, Apt. #, etc.

207

Suite, Apt. #, etc.

207

01052004 Chg-NP CR2E037 (10/03)

City & State

miami

City & State

miami

4. FEI Number
59-1872983

Applied For

Not Applicable

Zip

33125

Country
USA

Zip

33125

Country
USA

5. Certificate of Status Desired... **X**

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FIFER, ROBERT C
11273 SW 153 AVE.
MIAMI, FL 33196**

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

Robert C Fifer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/08/04

**Filing Fee is \$61.25
Due by May 1, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
GRAU, CELIDA
701 SW 27 AVE. #1000
MIAMI, FL 33133** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
TRACY, MARY ELLEN
1500 BISCAYNE BLVD 407A
MIAMI, FL 33132** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
COHEN-HAMEROFF, WENDY
1500 BISCAYNE BLVD 407A
MIAMI, FL 33132** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
FIFER, ROBERT C
11273 SW 153 AVE.
MIAMI, FL 33196** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ED
GAINES, CLARA
1250 NW 75ST #207
MIAMI, FL 33125** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3 Kathleen Vergara
8335 Oak Lane
Coral Gables, FL 33156** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T Mercedes R. Iannone
11440 NW 32 Avenue
Miami, FL 33054** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Clara Gantes ☒ Change ☐ Addition

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:

Robert C Fifer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/04

Date

Daytime Phone #