2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004
Secretary of State

DOCUMENT# 742389

Entity Name: MIAMI-DADE NEIGHBORHOOD HOUSING SERVICES, INC.

Current Principal Place of Business:

181 NE 82ND ST
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

181 NE 82ND ST
MIAMI, FL 33138

New Mailing Address:

FEI Number: 59-1845761 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LITTLE, JOHN M
LEGAL SERVICES OF GREATER MIAMI
3000 BISCAYNE BLVD, STE 500
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SBM ( ) Delete
Name: FORBES, BEVERLY
Address: 1161 NW LITTLE RIVER DR.
City-St-Zip: MIAMI, FL 33150

Title: CBM ( ) Delete
Name: CHAVEZ, JOSEPH
Address: 4331 SW 160TH AVE, STE. 210
City-St-Zip: MIRAMAR, FL 33027

Title: TBM ( ) Delete
Name: BLANDFORD, OWEN
Address: 3875 SW 8TH ST
City-St-Zip: MIAMI, FL 33134

Title: P ( ) Delete
Name: SHANK, ARDEN
Address: 10200 N. MIAMI AVE
City-St-Zip: MIAMI, FL 33150

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ARDEN SHANK PRES 01/16/2004

Electronic Signature of Signing Officer or Director — Date