


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # 749261 1. Entity Name MAYOR'S ECONOMIC TASK FORCE, INC.	
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Principal Place of Business P.O. BOX 611681 N. MIAMI, FL 33261-1681	Mailing Address P.O. BOX 611681 N. MIAMI, FL 33261-1681
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01132005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2396710	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PAVILACK, MYRNA 470 NE 142ND ST N MIAMI, FL 33161
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<p>DO NOT WRITE IN THIS SPACE</p>
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	TD
NAME	COBO, BLANCA
STREET ADDRESS	13490 N.W. 7TH AVE.
CITY- ST- ZIP	N. MIAMI, FL
TITLE	SD
NAME	ABELL, GWEN
STREET ADDRESS	13400 BISCAYNE BLVD.
CITY- ST- ZIP	N. MIAMI, FL
TITLE	PD
NAME	PAVILACK, MYRNA
STREET ADDRESS	1100 N.W. 95TH ST., SUITE 477
CITY- ST- ZIP	MIAMI, FL
TITLE	V
NAME	MERKE, CLARENCE
STREET ADDRESS	905 NW 133 ST
CITY- ST- ZIP	MIAMI, FL 33168
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

<p>U000000232901 02/17/05-80021-024 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Myrna Pavilack 2/1/05 305 891 8575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #