


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 757186 1. Entity Name <b>THE URBAN LEAGUE HOUSING CORPORATION OF GREATER MIAMI, INC.</b>	
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Principal Place of Business <b>8500 N.W. 25TH AVENUE MIAMI, FL 33147</b>	Mailing Address <b>8500 N.W. 25TH AVENUE MIAMI, FL 33147</b>
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04252005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2097700</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**FAIR, T. WILLARD**  
**8500 N.W. 25TH AVENUE**  
**MIAMI FL, FL 33147**

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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 NAME STREET ADDRESS CITY-ST-ZIP	PD <b>FAIR, T. WILLARD</b> <b>8500 N.W. 25TH AVENUE</b> <b>MIAMI, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC <b>HIGH, JOSHUA</b> <b>630 GRAND HWY</b> <b>CLERMONT, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <b>RIVERS, SANDRELL L</b> <b>1740 NW 187 TER</b> <b>MIAMI GARDENS, FL 33128</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/27/05-80156-001 70.00

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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)(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 any address, with all other like empowered.

SIGNATURE:  **04/25/05** **305-696-4450**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #