


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 08:00 AM
Secretary of State

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| DOCUMENT # 768414 1. Entity Name ALLAPATTAH BUSINESS DEVELOPMENT AUTHORITY, INC. |  |
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| Principal Place of Business 2634 NW 21 TERR MIAMI, FL 33142 US | Mailing Address 2634 NW 21 TERR MIAMI, FL 33142 US |
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03052004 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 59-2289231 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent PACHECO, XIOMARA 2634 NW 21 TERR MIAMI, FL 33142 |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

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| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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000000090960
 03/17/04-80040-004 70.00

| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|--------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD CABEZAS, RAFAEL 12001 SW 117 AVENUE MIAMI, FL 33186 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCD CRUZ, MARIANO 1227 NW 26 STREET MIAMI, FL 33142 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD VALDES, RODOVALDO S 2601 NW 20 ST. MIAMI, FL 33142 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD JAUREGUI, OBEN 2490 NW 35TH ST MIAMI, FL 33142 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VYD ECHEVARRIA, JOSE A 2870 NW 18TH AVE APT 8-C MIAMI, FL 33142 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: Rafael Cabezas 3/12/04 (305) 635-3561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #