## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 19, 2004 8:00 am Secretary of State

DOCUMENT # F01000003116  1. Entity Name PASTORAL SUPPORT SERVICES INC.									03-19	-2004 \$	90026 O	03 ***	.01.3	50
Principal Place of Business 590 COLUMBUS AVENUE THORNWOOD, NY 10594		Mailing Address 590 COLUMBUS AVENUE THORNWOOD, NY 10594					<b></b>	(Eur a-m) - E	III <b>b</b> erni <b>6010</b>		† <b>=1= B</b> 1111	igės St 1841		
2. Principal Place of Business			3. Mailing Address				_							
590 COLUMBUS AUE Suite, Apt. #, etc.			S00 COLUMBUS AUE Suite, Apt. #, etc.				-	52004	01		0005		00)	
SUITE 200			SUITE ZOO						Chg-N	·	CHZE	037 (10/		
THORNWOOD NY		THORNWOOD N			/	4. FEI Number 13-4085918						——·	Applicable	
Zip 1059	ો 1પ	Country	Zip 104	594	Countr ○ S		<b>5</b> . C	Certificate	of Status	Desired		\$8.75 Fee Re		
6. Name and Address of Current Registered Agent						Name	7. N	ame and	Address	of New F	Registered	i Agent		
CORPDIR			<b>.</b>		L		ress (P.O. Bo	ou Mumbe	ania Nati	\ aggstabl				
103 N. MERIDIAN STREET, LOWER LEVEL TALLAHASSEE, FL 32301					<u> </u> -	Street Addr	ress (P.O. Bi	ox Numbe	er is inot /		- <del>-</del>			<u></u>
		•				City						Zip	Code	
A The above	named entit	y submits this statement for	r the Durnos	e of changing its			nistered and	ent or hot	th in the	State of FI	F Orida Lar			
	tions of regist		Tille purpos	ia o, onanging ia	registeres	0.11.00 0. 70	giotor da age	5m, or 50	u1, #1 a.c.	GIZIC OIT	onda. Ta	i vanina	*******	and doocpt
SIGNATURE														
	Signature, typed	or printed name of registered agent a	and title if applica	able. (NOTE	: Registered Ag	gent signature re	ecured when rea	nstating)			DATE			
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	_	e is \$61.25 flay 1, 2004		9. Election Can Trust Fund C			\$5.0	00 May B	le		lake che ida Dep		100	
10.	Due by N		RECTORS	Trust Fund C	ontribution.		\$5.0 Added	to Fees	12 38 30 4 2		lake che ida Dep	ORECTOR	of Sta	ate 10
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TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	PCD DIAZ-TOP 393 DERE ORANGE VD OCHOA, I	OFFICERS AND DIFE RRE, EMILIO BY AVE. CT 06477  LUCIA		Trust Fund C	11. TITLE NAME STREET A CITY-ST TITLE NAME	NODRESS - ZIP	\$5.0 Added	to Fees	12 38 30 4 2	Flo	lake che ida Dep	DIRECTOR	of Sta	10 Addition
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indicated of this report of supplemental report is true and accurate and that my signature shall have the same legal ellect as it made under oath; that i am an ollicer of allector of the corporation or the receiver or trustee empowered to execute and that 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:**