2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001098

City-St-Zip:

PEMBROKE PINES, FL 33023

Entity Name: ROOTS INTERNATIONAL ARTS ALLIANCE, INC.

FILED Sep 14, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
500 EAST 33RD ST. CHICAGO, IL 606164242				500 EAST 33RD ST. #1100 CHICAGO, IL 606164242			
				CHICAGO	, IL 00010424.	<u>z</u>	
Current Mailing Address:				New Mailing Address:			
500 EAST 33RD ST., #1100 CHICAGO, IL 606164242				500 EAST 33RD ST., #1100			
				1100 CHICAGO, IL 606164242			
FEI Number	: 36-3502554	FEI Number Applied For ()	FEI Nur	nber Not App		Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:		Name and	Address of N	lew Registered Agent:	
RUSSELL, BRIAN 1901 S.W. 70TH AVE., UNIT B PEMBROKE PINES, FL 33023 US				RUSSELL, BRIAN 331 IVES DAIRY ROAD MIAMI, FL 33179 US			
	e named entity : e of Florida.	submits this statement for the	purpose c	of changing i	ts registered c	ffice or registered agent, or bot	
SIGNATURE:						09/14/2004	
	Electror	nic Signature of Registered Ag	ent			Date	
OFFICERS AND DIRECTORS:				ADDITION	IS/CHANGES	TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	RUSSELL, BRI 1901 SW 70TH			Title: Name: Address: City-St-Zip:	CP (X RUSSELL, BRI 331 IVES DAIR MIAMI, FL 331	Y ROAD	
Title: Name: Address: City-St-Zip:	WATSON, DAV 1901 SW 70TH			Title: Name: Address: City-St-Zip:	()) Change()Addition	
Title: Name: Address: City-St-Zip:	HALL, RAYMON 1901 SW 70TH			Title: Name: Address: City-St-Zip:		Change () Addition	
Title: Name: Address: City-St-Zip:	BUCHANNON, A			Title: Name: Address: City-St-Zip:		Change () Addition	
Title: Name: Address:	T () TURNER, SEYI 1901 SW 70TH			Title: Name: Address:		Change () Addition	

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.

City-St-Zip:

SIGNATURE: BRIAN RUSSELL PRES 09/14/2004