

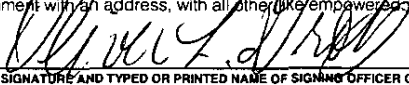


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Page 1 of 2

<b>DOCUMENT # N00000000372</b> 1. Entity Name <b>THE URBAN JUBILEE CENTENNIAL CORPORATION</b>						<b>FILED</b> 04 MAR -1 PM 1:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>8500 N.W. 25TH AVE. MIAMI, FL 33147</b>				Mailing Address <b>8500 N.W. 25TH AVE. MIAMI, FL 33147</b>			
2. Principal Place of Business <b>1800 S.W. 1<sup>st</sup> Street</b>		3. Mailing Address <b>Same</b>					
Suite, Apt. #, etc. <b>Suite 206</b>		Suite, Apt. #, etc. 					
City & State <b>Miami, FL</b>		City & State 					
Zip <b>33135</b>		Country <b>U.S.A.</b>		Zip 		Country 	
6. Name and Address of Current Registered Agent  <b>WASHINGTON, LYNN C C/O HOLLAND &amp; KNIGHT 701 BRICKELL AVE., STE. 2800 MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>200030588267</b> <b>03/16/04--01108--D18 **70.00</b> City <b>FL</b> Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAIR, TALMADGE W 8500 N.W. 25TH AVE. MIAMI, FL 33147 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Gudorf, Francis V. 1800 S.W. 1 <sup>st</sup> Street, #206 Miami, FL 33135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAITER, R. LAUNITA 8500 N.W. 25TH AVE. MIAMI, FL 33147 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Gaiter, Launita R. 8500 N.W. 25 <sup>th</sup> Avenue Miami, FL 33147 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROSS, OLIVER L 8500 N.W. 25TH AVE. MIAMI, FL 33147 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Gross, Oliver L. 8500 N.W. 25 <sup>th</sup> Avenue Miami, FL 33147 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Hamidullah, Haneef Qaid 1800 S.W. 1 <sup>st</sup> Street, #206 Miami, FL 33135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mastrucci, Joseph 1800 S.W. 1 <sup>st</sup> Street, #206 Miami, FL 33135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fike, David 1800 S.W. 1 <sup>st</sup> Street, #206 Miami, FL 33135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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 <b># 204859410</b> or in an attachment with an address, with all other like empowered.							
<b>SIGNATURE:</b> 				<b>Oliver L. Gross, Secretary</b> <b>2/26/04</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small> <b>305-696-4450</b> <small>Daytime Phone #</small>			

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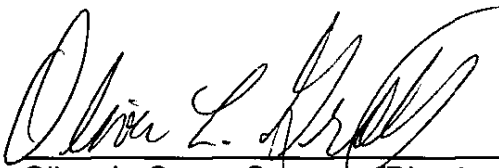
**2004 Not-for-Profit Corporation  
Annual Report**

Item 10. (Continued)

Joseph F. Grimes  
1800 S.W. 1 Street, #206  
Miami, FL 33135

Director

ADDITION



Oliver L. Gross, Secretary/Director

Dated: February 26, 2004

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