## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000002711

Address:

City-St-Zip:

SUNRISE, FL 33322

FILED Mar 19, 2004 Secretary of State

Entity Name: HOUSE OF EMPOWERMENT, INC. **Current Principal Place of Business: New Principal Place of Business:** 3300 INVERRARY BOULEVARD 100D LAUDERHILL, FL 33319 **New Mailing Address: Current Mailing Address:** 3300 INVERRARY BOULEVARD 100D LAUDERHILL, FL 33319 FEI Number: 65-0992031 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SWABY, SHARON SWABY, SHARON 9301 NW 19TH PLACE 9290 NW 19TH PLACE SUNRISE, FL 33322 SUNRISE, FL 33322 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. SIGNATURE: 03/19/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SWABY, SHARON Name: Name: Address: 9301 NORTHWEST 19TH PLACE Address: SUNRISE, FL 33322 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition Name: HARVEY, HOWARD Name: JOEL, BECKFORD Address: 8250 NORTHWEST 36TH STREET Address: 15301 NW 1ST. STREET City-St-Zip: SUNRISE, FL 33351 City-St-Zip: PEMBROKE PINES, FL 33028 Title: () Delete Title: () Change () Addition THOMAS, ROSALEE Name: Name: 9290 NW 19TH PLACE

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.

Address:

City-St-Zip:

SIGNATURE: JOEL BECKFORD D 03/19/2004