

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003666

Entity Name: A PLACE OF COMFORT UNIVERSAL, INC.

FILED
Apr 28, 2004
Secretary of State

Current Principal Place of Business:

19530 NW 55 CIR PL
MIAMI, FL 33055

New Principal Place of Business:

8801 SW 21ST STREET
MIRAMAR, FL 33025

Current Mailing Address:

19530 NW 55 CIR PL
MIAMI, FL 33055

New Mailing Address:

8810 SW 21ST STREET
MIRAMAR, FL 33025

FEI Number: 65-1014992

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIKES, HARRIET
19530 NW CIRCLE PLACE
MIAMI, FL 33055 US

Name and Address of New Registered Agent:

SPIKES, HARRIET
8801 SW 21ST STREET
MIRAMAR, FL 33025 US

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: HARRIETT HARRIETT

04/28/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SPIKES, HARRIET
Address: 19530 NW CIRCLE PLACE
City-St-Zip: MIAMI, FL 33055

Title: SD () Delete
Name: SPIKES, CLEVIA
Address: 19530 NW 47TH AVENUE
City-St-Zip: MIAMI, FL 33055

Title: TD () Delete
Name: JOHNSON, CHRISTINE
Address: 15710 NW 44TH COURT
City-St-Zip: MIAMI, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SPIKES, HARRIET
Address: 8801 SW 21ST STREET
City-St-Zip: MIRAMAR, FL 33025

Title: SD (X) Change () Addition
Name: SPIKES, CLEVIA
Address: 8801 SW 22ND STREET
City-St-Zip: MIRAMAR, FL 33025

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: CHRISTINE JOHNSON

TD

04/28/2004

Electronic Signature of Signing Officer or Director

Date