

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000005648

**FILED**  
**May 07, 2004**  
**Secretary of State****Entity Name:** NON-VIOLENCE PROJECT SOUTH FLORIDA, INC.**Current Principal Place of Business:**300 BISCAYNE BLVD WAY, STE 919  
MIAMI, FL 33131**New Principal Place of Business:**1205 SUNSET DRIVE  
2ND FLOOR  
CORAL GABLES, FL 33143 US**Current Mailing Address:**300 BISCAYNE BLVD WAY, STE 919  
MIAMI, FL 33131**New Mailing Address:**1234 SOUTH DIXIE HWY  
#348  
CORAL GABLES, FL 33146 US**FEI Number:** 13-3812224**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**LANDSBERG, DIANE  
300 BISCAYNE BLVD WAY, STE 919  
MIAMI, FL 33131 US**Name and Address of New Registered Agent:**AVALOS, MARIO  
1205 SUNSET DRIVE  
2ND FLOOR  
CORAL GABLES, FL 33143 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: MARIO AVALOS

05/07/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ACETIUNO, ROBERT MR  
Address: ONE SE 3RD AVE, 1ST FLOOR  
City-St-Zip: MIAMI, FL 33131

Title: DT ( ) Delete  
Name: LLODRA, ALEBRT MR  
Address: 7621 SW 59TH AVENUE  
City-St-Zip: MIAMI, FL 33143

Title: DS ( ) Delete  
Name: STONE, MJ MRS  
Address: 1016 TRAILMORE LANE  
City-St-Zip: WESTON, FL 33326

Title: DD ( ) Delete  
Name: LINDSAY, JOHN MR  
Address: 343 SEGORIA ST  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: ROBERT ACEITUNO

DP

05/07/2004

Electronic Signature of Signing Officer or Director

Date