

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

DOCUMENT# N01000000144

**FILED**  
**Mar 02, 2004**  
**Secretary of State****Entity Name:** SOUTH FLORIDA INTERFAITH COMMITTEE FOR WORKER JUSTIC INC.**Current Principal Place of Business:**260 NE 17TH TERRACE STE 200  
MIAMI, FL 33132**New Principal Place of Business:**260 NE 17TH TERRACE  
STE 200  
MIAMI, FL 33132**Current Mailing Address:**260 NE 17TH TERRACE STE 200  
MIAMI, FL 33132**New Mailing Address:****FEI Number:** 01-0701501**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**RUFO, RAY  
ST. THOMAS UNIVERSITY  
15400 NW 32ND AVE  
MIAMI, FL 33050 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** DV ( ) Delete  
**Name:** GEORGES, JONAS REV  
**Address:** 16951 NE 4TH AVENUE  
**City-St-Zip:** MIAMI, FL 33162**Title:** DST ( ) Delete  
**Name:** SCHIFF, SOLOMON  
**Address:** 4200 BISCAYNE BLVD  
**City-St-Zip:** MIAMI, FL 331373279**Title:** DP ( ) Delete  
**Name:** RUFO, RAYMOND  
**Address:** 15400 NW 32ND AVE  
**City-St-Zip:** MIAMI, FL 330506498**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:**

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: RAY RUFO

MR.

03/02/2004

Electronic Signature of Signing Officer or Director

Date