

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

**FILED  
Apr 16, 2004  
Secretary of State**

DOCUMENT# N01000002941

Entity Name: SOUTH FLORIDA LABOR CHARITIES, INC.

**Current Principal Place of Business:**

2502 S ANDREWS AVE  
FT LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

2502 S ANDREWS AVE  
FT LAUDERDALE, FL 33316

**New Mailing Address:**

FEI Number: 65-1111108      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SUGARMAN, ROBERT A  
2801 PONCE DE LEON BLVD, STE 750  
CORAL GABLES, FL 33134 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: DIR ( ) Delete  
Name: WITZ, ROBERT I DIR  
Address: 2950 NW 106 AVE  
City-St-Zip: SUNRISE, FL 33322

Title: TRUS ( ) Delete  
Name: ROGERS, LARRY  
Address: 2438 COOLIDGE ST  
City-St-Zip: HOLLYWOOD, FL 33020

Title: TRUS ( ) Delete  
Name: PINCKNEY, THOMAS  
Address: 3905 NM 67 TERR.  
City-St-Zip: HOLLYWOOD, FL 33024

**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: ROBERT WITZ

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DIR.

04/16/2004

\_\_\_\_\_  
Date