2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005
Secretary of State

DOCUMENT# N01000002948

Entity Name: BLACK REPUBLICAN CAUCUS OF FLORIDA, INC.

Current Principal Place of Business:

460 NW 214 STREET
105
MIAMI, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

460 NW 214 STREET
105
MIAMI, FL 33169 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LYONS, THEDORE
460 NW 214 STREET
105
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

LYONS, THEODORE
460 NW 214 STREET
105
MIAMI, FL 33169 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: THEODORE LYONS 05/13/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LYONS, THEDORE
Address: 460 NW 214 STREET #105
City-St-Zip: MIAMI, FL 33169 US

Title: 1VD ( ) Delete
Name: SMALL, EDWARD
Address: 460 NW 214 STREET #105
City-St-Zip: MIAMI, FL 33169 US

Title: 2VD ( ) Delete
Name: MASON, SAM
Address: 460 NW 214 STREET #105
City-St-Zip: MIAMI, FL 33169 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LYONS, THEODORE
Address: 460 NW 214 STREET #105
City-St-Zip: MIAMI, FL 33169 US

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: THEODORE LYONS CEO 05/13/2005
Electronic Signature of Signing Officer or Director Date