2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Sep 23, 2004 8:00 am Secretary of State

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1. Entity Nam	MENT # N01000003 B CORPS, INC.		. 09-23-2004 90067 001 *****8.75 09-23-2004 90067 002 ****61.25				
Principal Place 210-71ST ST 310 MIAMI BEACE	TREET	Mailing Address 210-71ST STREET 310 MIAMI BEACH, FL 3314	1		IKK 8800 8800 8800 8800 8	 	
2. Principal P 7257 Suite, Apt.	lace orgusiness AVE	3. Mailing Address 7356 GAM Suite, Apt. # etc.	NAVE			PATE OF THE PATE O	
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14/14/1	BEACH FL	MIAMI BEH	RA FE	4. FEI Number 01-073164	4	No	plied For of Applicable
33141	COUNTY A	33141	1734	5. Certificate of Sta	tus Desired 🗀	\$8.75 Add Fee Required	
22 11	6. Name and Address of Current i	Registered Agent		7. Name and Addi	ess of New Register	red Agent	
FRITZ-ME			Name De	BORAL WWW	agitro-		
210 71ST	STREET SUITE 310		Street Addre	ess (P.O. Box Number is N			
	STREET, SUITE 1		HZL	7 (401)	17.10		
MIAMI BEA	ACH, FL 33141		4000	6 GARRY 1	W6.	- Zie Code	
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	named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office or reg	gistered agent, or both, in t	he State of Florida. I	am familiar with,	and accept
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SIGNATURE	Signature, typiod or printed name of registered agent a	and titter applicable. (NOTE:	Registered Agent signature re	equired when (einstailing)	7/27/0	TE	
	Signature, typic or printed name of registered agent a Filling Fee is \$61.25 ue by September 8, 2004	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be		neck payable to	
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12. I hereby certify that the information supplied with this filling does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all guiter like impowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SWING OFFICER OR DIRECTOR

7/27/04 505 869 - 0685

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 16, 2004

TEEN JOB CORPS, INC. C/O 7356 GARY AVENUE MIAMI BEACH, FL 33141

SUBJECT: TEEN JOB CORRS, INC Ref. Number: N01000003933

We have received your document for TEEN JOB CORPS, INC. and check(s) totaling \$61.25. However, your check(s) and document are being returned for the following:

The person designated as registered agent in the document and the person signing as registered agent must be the same.

All changes need to reflected on annual report.(registered agent & address changes)

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott Document Specialist

Letter Number: 204A00050262

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Attached (6434064) Division of Corporations

Receipt

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Document Number: N01000003933

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The charge for your Annual Report is \$61.25

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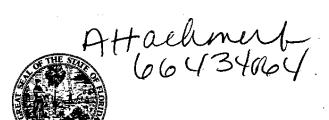
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If you have any questions, please contact our help desk at (850) 245-6939.

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By pressing the CONTINUE button, your Annual Report will be placed in processing and no additional Annual Reports may be filed for this corporation until this one is processed.

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 22, 2004

TEEN JOB CORPS, INC. 210-71ST STREET 310 MIAMI BEACH, FL 33141

SUBJECT: TEEN JOB CORPS, INC.

Ref. Number: N01000003933

We-have-received-your-document-for-TEEN-JOB-CORPS, INC.-and-check(s) totaling \$61.25. However, your check(s) and document are being returned for the following:

An officer or director must sign the report.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott 3
Document Specialist

Letter Number: 404A00046419

An Scatt-Sa saltavial check is enclosed a per sur conversation for a certificate of status a new address. Thank you, Subsult Suggiero The Sevetor

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314