2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N01000005440

Entity Name: THE FAMILY ZONE, INC.

Current Principal Place of Business:

3831 NW 164TH ST.
MIAMI, FL 33054

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 173222
MIAMI LAKES, FL 33017

New Mailing Address:

FEI Number: 65-1126980 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHYRA, FARRELL
3831 NW 164TH ST.
MIAMI, FL 33054 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: PD ( ) Delete
Name: PACHECO, GEORGE
Address: 5975 MIAMI LAKES DR. EAST
City-St-Zip: MIAMI LAKES, FL 33014

Title: VD ( ) Delete
Name: KUSTER, STEVE
Address: 3801 S. OCEAN DR., #5Z
City-St-Zip: HOLLYWOOD, FL 33019

Title: SD ( ) Delete
Name: RHYMES, DINA
Address: 2970 NW 214 STREET
City-St-Zip: MIAMI, FL 33056

Title: TR ( ) Delete
Name: LEWIS, ISAIAH
Address: 2708 NW 199TH LANE
City-St-Zip: OPA-LOCKA, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition
Name: KUSTER, STEVE
Address: 950 SW 9TH STREET
City-St-Zip: HALLANDALE, FL 33009

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: SHYRA FARRELL RA 04/29/2005

Electronic Signature of Signing Officer or Director — Date