



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000005628 1. Entity Name 174TH LSO ASSOCIATION INC.						FILED 04 DEC 23 PM 12: 53 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 8231 SW 96 PLACE MIAMI, FL 33173				Mailing Address 8231 SW 96 PLACE MIAMI, FL 33173			
2. Principal Place of Business 11700 N.W. 27th Ave Suite, Apt. #, etc.		3. Mailing Address 11700 N.W. 27th Avenue Suite, Apt. #, etc.		 REINSTATEMENT 09 <small>08042004 CR2037 (10/03)</small>			
City & State Miami, FL		City & State Miami, FL					
Zip 33167		Country U.S.A.					
4. FEI Number 65-1131289				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CRUZ, JOSE 8231 SW 96 PLACE MIAMI, FL 33173				7. Name and Address of New Registered Agent Name: <u>Murison, Jarrod</u> Street Address (P.O. Box Number is Not Acceptable) 11700 N.W. 27th Avenue City: <u>Miami</u> FL Zip Code: <u>33167</u>			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE: <u>Jarrod Murison Secretary</u> <u>Oct 14, 04</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROYER, CHRISTOPHER <input checked="" type="checkbox"/> Delete 1435 MAYO ST. HOLLYWOOD, FL 33020			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ANON, MANNY JR 11700 N.W. 27 AVE Miami, FL 33167		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete ANON, MANNY JR 11700 NW 27 AVENUE MIAMI, FL 33167			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800041944138 10/18/04--01070--023 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD <input type="checkbox"/> Delete MURISON, JARROD 9218 SW 148 COURT KENDALL, FL 33196			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RSD MURISON, JARROD 11700 N.W. 27 AVENUE MIAMI, FL 33167		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete CRUZ, JOSE 8231 SW 96 PLACE MIAMI, FL 33173			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800041944138 12/28/04--01035--024 **\$175.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition \$Rn/23		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing 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 other like empowered.							
SIGNATURE: <u>Jarrod Murison JARROD MURISON</u> <u>Oct 14, 04</u> <u>305.953.0425</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							