## 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N0100008124  1. Entity Name ADOPTION PROFESSIONALS, INC.			FILED	
Principal Place of Business Mailing Address 3661 BOUGAINVILLEA ROAD 3661 BOUGAINVILLEA ROA COCONUT GROVE, FL 33133 COCONUT GROVE, FL 3313		AD 33	4 DEC 10 AM 11:39 SECRETARY OF STATE ALLAHASSEE, FLORIDA	
Principal Place of Business     3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.		12032004 Chg-	NP CR2E037 (10/03)	
City & State	City & State	4. FEI Number 30-0079576	Applied For Not Applicable	
Zip Country	Zip	Country 5. Certificate of Statu	_ \$8.75 Additional	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name	
NICHOLS, SUZANNE B 3661 BOUGAINVILLEA ROAD			Street Address (P.O. Box Number is Not Acceptable)	
COCONUT GROVE, FL 33133				
		City	FL Zip Code	
the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  9. Election Campaign Financing  \$5.00 May Be				
Amended AR is \$61.	Trastr sho co	tribution. Added to Fees	Fiorida Department of State	
TITLE PD  NAME NICHOLS, SUZANNE E STREET ADDRESS CITY-ST-ZIP COCONUT CROVE, FL	RD.	TITLE NAME STREET ADDRESS CITY-ST-ZIP  ADDITIONS/CHANGES  CONORA FAR  ON ORA  A PAR  A	TO OFFICERS AND DIRECTORS IN 10  Change Addition  BER NA #S/AND Dr. 33/60	
TITLE D  NAME CROMER, MARILYN  STREET ADDRESS 3661 BOUGAINVILLEA  CITY-ST-ZIP COCONUT GROVE, FL		TITLE NAME RETNARD FA STREET ADDRESS 60 PARK D CITY-ST-ZIP RAL HARBOU	RBER Change Addition	
ITILE D NAME NICHOLS, ANDREW TSTREET ADDRESS CITY-ST-ZIP COCONUT GROVE, FL		TITLE D MARGARET  NAME STREET ADDRESS CITY-ST-ZIP  THE D MARGARET  3661 BOUGAIN  COCO NUT 610	ICHNZ Change Addition VIII Ex Pl  Tive, Fl. 33733	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP COCONUT Gro  TITLE NAME STREET ADDRESS CITY-ST-ZIP  MIAMI F	V Dreswick 457 33/43	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Delcte	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	Delete	NAME 12/10/04 STREET ADDRESS CITY-ST-ZIP	□43227©Change □Addition -01018003 **61.25	
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:  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Despuis Proper 4				