


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90009 040 \*\*\*\*61.25

<b>DOCUMENT # N01000008677</b>	
<b>1. Entity Name</b>	
MIAMI PALMETTO HIGH SCHOOL WEST PERRINE CLASS OF 1970, INC.	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
19640 SW 127 CT MIAMI FL 33177-4810	19640 SW 127 CT MIAMI FL 33177-4810

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

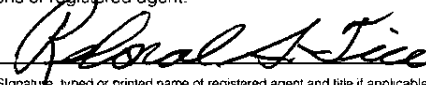


MOORE CR2E037 (11/03)

<b>4. FEI Number</b>	<b>37-1421544</b>	Applied For
		Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

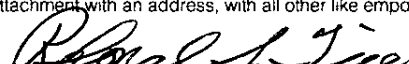
<b>6. Name and Address of Current Registered Agent</b>	
TICE, RHONAL S 19640 SW 127 CT MIAMI FL 33177-4810	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

<b>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.</b>	
SIGNATURE 	03-17-04
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	PD	TITLE	
NAME	BANKS, WILSON S	NAME	
STREET ADDRESS	10128 CIRCLE PLAZA	STREET ADDRESS	
CITY-ST-ZIP	PERRINE FL 33157	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	BREWTON, RONALD	NAME	
STREET ADDRESS	10253 SW 169 TERR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33177-4810	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	WILSON, CECILIA B	NAME	
STREET ADDRESS	17925 SW 105 AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	TICE, RHONAL S	NAME	
STREET ADDRESS	19640 SW 127 CT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33177-4810	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	BROWN, BARRY	NAME	
STREET ADDRESS	12625 SW 84 AVE RD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	WILLIAMSON, BENNIE	NAME	
STREET ADDRESS	17720 SW 102 AVE	STREET ADDRESS	
CITY-ST-ZIP	PERRINE FL 33157	CITY-ST-ZIP	

<b>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.</b>	
SIGNATURE: 	03-17-04 305-389-8957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #