2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001481

Entity Name: SOUTH FLORIDA COMMUNITY SERVICE CENTER INC.

Apr 27, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5570 NW 61 ST, #918 5851 HOLBERG RD. #713 COCONUT CRÉEK, FL 33073 PARKLAND, FL 33067 **Current Mailing Address: New Mailing Address:** PO BOX 670102 CORAL SPRINGS, FL 33067 FEI Number: 04-3624735 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RODRIGUEZ, ELEIRA RODRIGUEZ, ELCIRA 6967 NW 29TH WAY 6967 NW 29TH WAY HIALEAH, FL 33018 US US HIALEAH, FL 33018 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: ELCIRA RODRIGUEZ 04/27/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete BENAVIDES, JORGE BENAVIDES, JORGE Name: Name: 5570 NW 61 ST, #917 Address: 5851 HOLBERG RD. #713 Address: City-St-Zip: COCONUT CREEK, FL 33073 City-St-Zip: PARKLAND, FL 33067 Title: () Delete Title: (X) Change () Addition BENAVIDES, GRETTEL Name: BENAVIDES, GRETTEL Name: Address: 5570 NW 61 ST. #917 Address: 5851 HOLBERG RD. #713 City-St-Zip: COCONUT CREEK, FL 33073 City-St-Zip: PARKLAND, FL 33067 Title: () Delete Title: () Change () Addition FERRER, JULIAN Name: Name: 2620 BUTTONWOOD AVE Address: Address: City-St-Zip: MIRAMAR, FL 33025 City-St-Zip: () Delete Title: Title: () Change () Addition GONZALEZ, JÓNGUIN Name: Name: 3007 SW 21 ST Address: Address: City-St-Zip: MIAMI, FL 33145 City-St-Zip: Title: () Delete Title: () Change () Addition HIDALGO, SAMADY Name: Name: 5580 NW 61 ST, #623 Address: Address: City-St-Zip: COCONUT CREEK, FL 33073 City-St-Zip: Title: () Delete Title: () Change () Addition SARMIENTO, OSCAR

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JORGE BENAVIDES DIRE 04/27/2004

Name:

Address:

City-St-Zip:

414 NOTRE DAME

ALTAMONTE SPRINGS, FL 32714