## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000003680

Entity Name: PROJECT BELARUS, INC.

PONTILLO, FRANK P

OAKLAND PARK, FL 33334

1299 NE 35TH ST.

Name:

Address:

City-St-Zip:

FILED Jun 19, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1001 NW 50TH ST., #204 SUNRISE, FL 33351 **Current Mailing Address: New Mailing Address:** 1001 NW 50TH ST., #204 SUNRISE, FL 33351 FEI Number: 02-0607734 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: STANDART, JOHN R 1001 NW 50TH ST., #204 SUNRISE, FL 33351 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HENRY, JEFFREY R Name: Name: Address: 2001 NE 38 ST. #2 Address: City-St-Zip: LIGHTHOUSE POINT, FL 33064 City-St-Zip: Title: VD Title: ( ) Delete () Change () Addition HENRY, VITALIA V Name: Name: Address: 2001 NE 38 ST. #2 Address: LIGHTHOUSE POINT, FL 33064 City-St-Zip: City-St-Zip: Title: CFOD () Delete Title: () Change () Addition STANDART, JOHN R Name: Name: Address: **5221 NE 17 TERRACE** Address: City-St-Zip: FT. LAUDERDALE, FL 33334 City-St-Zip: Title: SD ( ) Delete Title: () Change () Addition ROMAN, JACQULINE Name: Name: Address: 45 NW 193 ST. Address: City-St-Zip: MIAMI, FL 33169 City-St-Zip: Title: Title: () Delete () Change () Addition

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: JEFFREY R HENRY P 06/19/2004