# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Sep 08, 2004**
**Secretary of State**

DOCUMENT# N02000003905

**Entity Name:** BUDDHIST CHARITIES INC.

**Current Principal Place of Business:**

7800 RED ROAD
SUITE 211
MIAMI, FL 33143

**New Principal Place of Business:**

441 NE 195 ST.
SUITE 301
MIAMI, FL 33179

**Current Mailing Address:**

6367 SW 43 ST
SUITE 5
MIAMI, FL 33155

**New Mailing Address:**

441 NE 195 ST.
SUITE 301
MIAMI, FL 33179

**FEI Number: 02-0609906** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMALLEY, DAVID L
6367 SW 43 ST.
SUITE 5
MIAMI, FL 33155 US

**Name and Address of New Registered Agent:**

SMALLEY, DAVID L
441 NE 195 ST.
SUITE 301
MIAMI, FL 33179 US

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: _____ 09/08/2004
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete
Name: ORSINI, LILLIAN G
Address: 6367 SW 43 ST
City-St-Zip: MIAMI, FL 33155

Title: DST ( ) Delete
Name: SMALLEY, DAVID L
Address: 6367 SW 43 ST
City-St-Zip: MIAMI, FL 33155

Title: DV ( ) Delete
Name: HUMPHREYS, ARTHUR J
Address: 3200 STERLING RD A14
City-St-Zip: HOLLYWOOD, FL 33021

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: DAVID L. SMALLEY DST 09/08/2004
Electronic Signature of Signing Officer or Director — Date