

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

06-01-2004 90008 001 \*\*\*\*61.25

**DOCUMENT # N02000007283**

1. Entity Name  
**INNER CITIES ECONOMIC DEVELOPMENT CORP.**



Principal Place of Business  
**7839 NORTH BAYSHORE DRIVE  
 APT 1  
 MIAMI, FL 33138**

Mailing Address  
**P.O. BOX 014980  
 MIAMI, FL 33101**

*54056250*



2. Principal Place of Business  
*1830 N.E 150 ST*

3. Mailing Address  
*7839 N. Bayshore Dr*

Suite, Apt. #, etc.  
*#1*

05262004 Chg-NP CR2E037 (10/03)

City & State  
*N. M. Am*

City & State  
*M. Am. FLA*

4. FEI Number  
**30-0127431**

Applied For  
 Not Applicable

Zip  
*33181*

Country  
*USA*

Zip  
*33138*

Country  
*USA*

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BARBARA, HIGGS J**  
**7839 NORTH BAYSHORE DRIVE**  
**APT 1**  
**MIAMI, FL 33138**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	T	<input type="checkbox"/> Delete
NAME	OLIVIA, THOMAS R	
STREET ADDRESS	1651 NE 115 ST #C-16	
CITY-ST-ZIP	MIAMI, FL 33181	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LYNDA, BAPTISTE S	
STREET ADDRESS	2020 NE 135 STREET - APT 1011	
CITY-ST-ZIP	NORTH MIAMI, FL 33181	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HIGGS, BARBARA	
STREET ADDRESS	7839 BAYSHORE DR. #1	
CITY-ST-ZIP	MIAMI, FL 33138	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARD TODD BULLARD	
STREET ADDRESS	4000 NW 17th Ave	
CITY-ST-ZIP	Miami, FL 33147	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Barbara J. Higgs, President* 3/23/04 305-751-3543  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*BARBARA J. HIGGS*

*Attachment # 54056250  
# No 2000007283*

**INNER CITIES ECONOMIC DEVELOPMENT  
CORP.**

**7839 N. BAYSHORE DR. #1  
MIAMI, FLORIDA 33138**

MAY 25, 2004

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
PO. BOX 6198  
TALLAHASSEE, FLORIDA 32314-6198

TO WHOM IT MAY CONCERN:

IT IS UNFORTUNATE THAT WE FIND OURSELVES LATE WITH THE PAYMENT FOR THE RENEWAL OF OUR ANNUAL REPORT.

PLEASE LET US KNOW WHETHER YOU WILL GIVE US TIME TO MAKE THIS PAYMENT TO THE STATE OR WHAT KIND OF ARRANGEMENTS CAN BE MADE.

WE TAKE RESPONSIBILITY FOR THIS OVERSIGHT DUE TO MOVING AND HAVING A LOT OF THINGS GOING ON.

THANK YOU KINDLY,

*Barbara J. Higgs*  
BARBARA J. HIGGS, PRESIDENT