2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007422

Entity Name: BRAIN BUSTERS GIFTED BOOSTER CLUB, INC.

FILED Jul 08, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

13001 S.W. 26 STREET MIAMI, FL 33175

Current Mailing Address: New Mailing Address:

P.O. BO X 65-4112 MIAMI, FL 33265

FEI Number: 61-1426733 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:

ABDO-GOMEZ, MAGDA ESQ. 13001 S.W. 26 STREET MIAMI, FL 33175

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:

- Flateria Circular de Paritar de Arrad

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: ABDO-GOMEZ, MAYDA Name: ABDO-GOMEZ, MAGDA Address: 13001 SW 26 STREET Address: 13001 SW 26 STREET

 Address:
 13001 SW 26 STREET
 Address:
 13001 SW 26 STREET

 City-St-Zip:
 MIAMI, FL 33175
 City-St-Zip:
 MIAMI, FL 33175

Title: VD () Delete Title: VD (X) Change () Addition Name: FALEON, JORGE Name: GOMEZ, NIKKI

 Address:
 13001 SW 26 STREET
 Address:
 13001 SW 26 STREET

 City-St-Zip:
 MIAMI, FL 33175
 MIAMI, FL 33175

Title: SD (X) Delete Title: () Change () Addition

 Name:
 BENET, SUZY
 Name:

 Address:
 13001 SW 26 ST.
 Address:

 City-St-Zip:
 MIAMI, FL 33175
 City-St-Zip:

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 TORRE, YUMET D
 Name:
 MELO, OLGA

 Address:
 13001 SW 26 ST.
 Address:
 13001 SW 26 ST.

 City-St-Zip:
 MIAMI, FL 33175
 City-St-Zip:
 MIAMI, FL 33175

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: MAGDA ABDO-GOMEZ P 07/08/2004