


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000008257			
1. Entity Name OGANIZASION POU DEVELOPE REMON, INC.			
Principal Place of Business 900 SW 30TH AVE FT LAUDERDALE FL 33312-2653		Mailing Address 900 SW 30TH AVE FT LAUDERDALE FL 33312-2653	
2. Principal Place of Business <i>Same</i>		3. Mailing Address <i>Same</i>	
Suite, Apt. #, etc. <i>N/A</i>		Suite, Apt. #, etc. <i>N/A</i>	
City & State <i>FL</i>		City & State <i>FL</i>	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent DEOFILS, CELIZIER 900 SW 30TH AVE FT LAUDERDALE FL 33312-2653		7. Name and Address of New Registered Agent Name <i>Same</i> Street Address (P.O. Box Number is Not Acceptable) <i>N/A</i> City <i>FL</i> Zip Code	



MOORE CR2E037 (11/03)

4. FEI Number 65-1159631		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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 _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SYRIAQUE, CINE 75 POST AVE WESTBURY NY 11590 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>N/A</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEAN-LOUIS, FADINIER 2991 SW 3TH ST FT LAUDERDALE FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000039591 02/09/04-80013-002 66.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEOFILS, CELIZIER 900 SW 30TH AVE FT LAUDERDALE FL 33312-2653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Celizier Deofil* *Celizier Deofil* 02/3/04 954-581-8711