## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 19, 2004 8:00 am Secretary of State 04-19-2004 90386 032 \*\*\*\*61.25

1. Entity Nam	MENT # N0200008		04-19-2004 90386 032 ****61.25					
4265 LILAC	e of Business STREET I GARDENS, FL 33410		44029869					
4265/1/acst 40		3. Mailing Address 44.65///a.c. Suite, Apt. #, etc.	1265/1/ac st		02182004 Chg-NP CR2E037 (10/03)			
		City & State	City & State Im Beach Gardens FL		91		plied For t Applicable	
Zip 334	Country	33410	Country	5. Certificate of S		S8.75 Add	itional	
	6. Name and Address of Current	Registered Agent		7. Name and Ad	7. Name and Address of New Registered Agent			
SPIEGEL & UTRERA, P.A.  1840 SW 22ND ST.  4TH FLOOR MIAMI, FL 33145  City				Address (P.O. Box Number is Not Acceptable)  FL Zip Code				
8. The above the obligate SIGNATURE	Signature, typed or printed name of registered agent	and kille if applicable. (NOT)	E: Registered Agent signat	ure required when reinstating)	1	da. I am familiar with, a		
	Filing Fee is \$61.25 Due by May 1, 2004	Trust Fund (		S5.00 May Be Added to Fees	Florida	ce check payable to a Department of St	ate	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF DP SUCCES, JULO 4265 LILAC STREET PALM BEACH GARDENS, FL 33	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANG	SES TO OFFICERS	G AND DIRECTORS IN Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	DV JEAN-FRANCOIS, FRANCOIS 4265 LILAC STREET PALM BEACH GARDENS, FL 33	Delete  410	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wiggins Wiggins 49 Chalm B	Succes c st each Ga	S Change	☐ Addition  34/10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BAPTISTE, ROSENITTE 4265 LILAC STREET PALM BEACH GARDENS, FL 33	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PROPHETE, MARIE S 4265 LILAC STREET PALM BEACH GARDENS, FL 33	□ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	D+ Christian 806 87h Lake Park	Polya St Fl	dok <del>□ c</del> hange 33403	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITÝ-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Defete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			☐ Change	Addition	
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo , or on an attachment with an address, v	true and accurate and that n wered to execute this report	ny signature shall h as required by Cha	ave the same legal effect as opter 617, Florida Statutes; a	if made under oat	h; that I am an officer of	or director	