2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009422

City-St-Zip:

Entity Name: SOUTH FLORIDA VIPASSANA ASSOCIATION, INC.

FILED Mar 26, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 528 NW 47 ST APT 2 760 JEFFERSON AVE MIAMI, FL 33127 APT 1 MIAMI BEACH, FL 33139 **Current Mailing Address: New Mailing Address:** 528 NW 47 ST APT 2 760 JEFFERSON AVE MIAMI, FL 33127 APT 1 MIAMI BEACH, FL 33139 **FEI Number:** FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DODD, DANIEL DODD, DANIEL 528 NW 47 ST APT 2 760 JEFFERSON AVE MIAMI, FL 33127 MIAMI BEACH, FL 33139 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: DANIEL DODD 03/26/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change (X) Addition DODD, DANIEL T PRESIDE Name: Name: Address: Address: 760 JEFFERSON AVE APT 1 City-St-Zip: City-St-Zip: MIAMI, FL 33139 Title: Title: () Change (X) Addition () Delete Name: Name: PABBY, SAKET VICE PR Address: Address: 12538 NW 7TH LANE City-St-Zip: City-St-Zip: MIAMI, FL 33182 Title: () Delete Title: SECR () Change (X) Addition Name: PIZARRO, NELSON SECRETA Name: 2424 NE 9TH STREET APT. 208 Address: Address: City-St-Zip: City-St-Zip: FT. LAUDERDALE, FL 33304 Title: () Delete Title: TREA () Change (X) Addition CONTRERAS, MARIA GABRIELA TREASUR Name: Name: 1900 SUNSET HARBOR SUITE 4 Address: Address:

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.

City-St-Zip:

MIAMI BEACH, FL 33139

SIGNATURE: DANIEL DODD PRES 03/26/2004