

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009726

FILED
Feb 12, 2004
Secretary of State**Entity Name:** METRO DADE FIRE FIGHTERS WELLNESS CENTER, INC.**Current Principal Place of Business:**8000 N.W. 21ST STREET
SUITE 222
MIAMI, FL 331221605**New Principal Place of Business:**8000 N.W. 21ST STREET
SUITE 200
MIAMI, FL 331221605 US**Current Mailing Address:**8000 N.W. 21ST STREET
SUITE 222
MIAMI, FL 331221605**New Mailing Address:**8000 N.W. 21ST STREET
SUITE 200
MIAMI, FL 331221605 US**FEI Number:** 22-3887060**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**MIERZWA & ASSOCIATES, P.A.
3900 WOODLAKE BOULEVARD
SUITE 212
LAKE WORTH, FL 33463 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: WILLIAMS, TOMMIE MR
Address: 8000 NW 21 STREET #222
City-St-Zip: MIAMI, FL 331221605

Title: DIR () Delete
Name: BARBERA, DOMINICK MR
Address: 8000 NW 21 STREET #222
City-St-Zip: MIAMI, FL 331221605

Title: DIR () Delete
Name: PENA, ORLANDO R MR
Address: 8000 NW 21 STREET #222
City-St-Zip: MIAMI, FL 331221605

Title: DIR () Delete
Name: HILLS, STAN MR
Address: 8000 NW 21 STREET #222
City-St-Zip: MIAMI, FL 331221605

Title: DIR () Delete
Name: KRAMER, MIKE MR
Address: 8000 NW 21 STREET #222
City-St-Zip: MIAMI, FL 331221605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: PENA, ORLANDO R MR
Address: 8000 NW 21 STREET #200
City-St-Zip: MIAMI, FL 331221605

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ORLANDO R. PENA

DIR

02/12/2004

Electronic Signature of Signing Officer or Director

Date