

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000037

FILED
Jul 02, 2004
Secretary of State**Entity Name:** HOLLYWOOD, FLORIDA SISTER CITIES INTERNATIONAL, INC.**Current Principal Place of Business:**330 NORTH FEDERAL HWY.
HOLLYWOOD, FL 330204617**New Principal Place of Business:****Current Mailing Address:**330 NORTH FEDERAL HWY.
HOLLYWOOD, FL 330204617**New Mailing Address:**1410 DIPLOMAT PKWY
HOLLYWOOD, FL 330192230**FEI Number:** 54-2091332**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CASO, PHILIP M
19495 BISCAYNE BLVD., STE. 700
AVENTURA, FL 33180 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: PD () Delete
Name: CASO, PHILIP M
Address: 1410 DIPLOMAT PKWY.
City-St-Zip: HOLLYWOOD, FL 33019

Title: VD () Delete
Name: CHAIS, SHERRY
Address: 20135 NE 25 CT.
City-St-Zip: AVENTURA, FL 33180

Title: SD () Delete
Name: HERNANDEZ, MAYRA
Address: 2624 ARTHUR ST.
City-St-Zip: HOLLYWOOD, FL 33020

Title: TD () Delete
Name: HERNANDEZ, PETER
Address: 2639 MONROE ST.
City-St-Zip: HOLLYWOOD, FL 330204617

Title: D () Delete
Name: EDWARDS, JAMES
Address: 330 NORTH FEDERAL HWY.
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: CASO, PHILIP M
Address: 1410 DIPLOMAT PKWY.
City-St-Zip: HOLLYWOOD, FL 33019

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

Title: PD (X) Change () Addition
Name: HERNANDEZ, MAYRA
Address: 2624 ARTHUR ST.
City-St-Zip: HOLLYWOOD, FL 33020

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: PHILIP M. CASO

SD

07/02/2004

Electronic Signature of Signing Officer or Director

Date