


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000000037 1. Entity Name HOLLYWOOD, FLORIDA SISTER CITIES INTERNATIONAL, INC.	
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Principal Place of Business 330 NORTH FEDERAL HWY. HOLLYWOOD, FL 33020-4617	Mailing Address 1410 DIPLOMAT PKWY HOLLYWOOD, FL 33019-2230
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 54-2091332	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CASO, PHILIP M 19495 BISCAYNE BLVD., STE. 700 AVENTURA, FL 33180

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASO, PHILIP M 1410 DIPLOMAT PKWY. HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHAI, SHERRY 20135 NE 25 CT. AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, MAYRA 2624 ARTHUR ST. HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERNANDEZ, PETER 2639 MONROE ST. HOLLYWOOD, FL 330204617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, JAMES 330 NORTH FEDERAL HWY. HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

01/10/05-80087-001 61.25

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:  PHILIP M. CASO 1/6/05 305-933-6288	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Calculated	Daytime Phone #
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