2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004
Secretary of State

DOCUMENT# N03000000250

Entity Name: THE SOUTH FLORIDA CHAPTER OF THE ASSOCIATION OF CERTIFIED FRAUD EXAMINERS, INC.

Current Principal Place of Business:

BEHAR, GUTT & GLAZER, P.A.
2999 N.E. 191ST STREET 5TH FLOOR
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

BEHAR, GUTT & GLAZER, P.A.
2999 N.E. 191ST STREET 5TH FLOOR
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 55-0814183 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BEHAR, BRIAN ESQ.
BEHAR, GUTT & GLAZER, P.A.
2999 N.E. 191ST STREET 5TH FLOOR
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: D ( ) Delete
Name: YIP, MARIA M CPA
Address: 777 BRICKELL AVENUE, SUITE 1100
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete
Name: LOCASCIO, EDWARDS S CPA
Address: 420 S. DIXIE HIGHWAY, STE 2K
City-St-Zip: CORAL GABLES, FL 33146

Title: D ( ) Delete
Name: BEHAR, BRIAN ESQ.
Address: 2999 N.E. 191ST STREET, 5TH FLOOR
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MARIA M. YIP D 02/13/2004

Electronic Signature of Signing Officer or Director — Date