


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 26 PM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000000884		
1. Entity Name ETS COMMUNITY PROGRAMS CORP.		

Principal Place of Business 95 MERRICK WAY STE 440 CORAL GABLES, FL 33134	Mailing Address 95 MERRICK WAY STE 440 CORAL GABLES, FL 33134
---	---

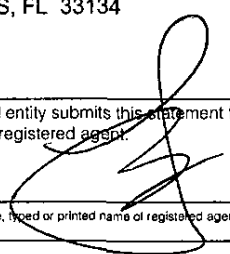
2. Principal Place of Business 3367 N. UNIVERSITY DRIVE		3. Mailing Address 3367 N. UNIVERSITY DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DAVIE, FL		City & State DAVIE, FL	
Zip 33024	Country USA	Zip 33024	Country USA



01192004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent DE LA CRUZ, LUIS F JR 95 MERRICK WAY STE 440 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 100034190101 04/27/04--01089--010 **311.25 City FL Zip Code	
--	--	---	--

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  DATE 1/22/04

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICO, MARCELO 95 MERRICK WAY STE 440 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FABIO MARCO RAINUZZO 3367 N. UNIVESRSITY DRIVE DAVIE, FL 33024 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOROSITO, RUBEN 95 MERRICK WAY STE 440 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBEN GOROSITO 3367 N. UNIVERSITY DRIVE DAVIE, FL 33024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE 1/22/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR