

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

7/6/

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-06-2004 90006 024 ****61.25

DOCUMENT # N03000001213 1. Entity Name BOOK OF HONOR, INC.					
Principal Place of Business 20335 WEST COUNTRY CLUB DRIVE ROOM 1901 AVENTURA, FL 33180			Mailing Address 20335 WEST COUNTRY CLUB DRIVE ROOM 1901 AVENTURA, FL 33180		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. Name and Address of Current Registered Agent ROSENBERG, MARSHA 20335 WEST COUNTRY CLUB DRIVE ROOM 1901 AVENTURA, FL 33180				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>MARSHA Rosenberg</i></u> <u><i>Marsha Rosenberg</i></u> <u><i>7/2/04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 8, 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 ROSENBERG, MARSHA <input type="checkbox"/> Delete 20335 WEST COUNTRY CLUB DRIVE, RM. 1901 AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YAGER, PHILIP <input type="checkbox"/> Delete 7105 S.W. 134TH CT. MIAMI, FL 33186		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL JAMBER <i>JANICE</i> <input type="checkbox"/> Delete 1085 COUNTRY ROAD # 224 ELBA, AL 36323		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: <u><i>Philip Yager</i></u> <u><i>305-244-4593</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF BEGINNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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4. FEI Number **16-1654350** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required