2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# N03000001256

Entity Name: POSITIVE PARTNERSHIPS PROGRAM, INC.

Current Principal Place of Business:

145 SOLANO PRADO
CORAL GABLES, FL 33567

New Principal Place of Business:

Current Mailing Address:

145 SOLANO PRADO
CORAL GABLES, FL 33567

New Mailing Address:

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

Name and Address of Current Registered Agent:

SCHWARTZ, DEREK A ESQ.
5100 CENTER CIRCLE, SUITE 400
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

DEREK A. SCHWARTZ, P.A.
1900 CORPORATE BOULEVARD
SUITE 225 WEST
BOCA RATON, FL 33431 US

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: DEREK A. SCHWARTZ, P.A. 04/28/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GRANT, BRIAN
Address: 145 SOLANO PRADO
City-St-Zip: CORAL GABLES, FL 33567

Title: D ( ) Delete
Name: GRANT, GINA
Address: 145 SOLANO PRADO
City-St-Zip: CORAL GABLES, FL 33567

Title: D ( ) Delete
Name: RAMIREZ, LISA M
Address: 13737 S.W. 147 CIRCLE LANE #4
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete
Name: AUSTIN, MAURICE
Address: 2200 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33147

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:

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: BRIAN GRANT D 04/28/2004
Electronic Signature of Signing Officer or Director Date