

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001256

FILED  
Apr 29, 2005  
Secretary of State

**Entity Name:** POSITIVE PARTNERSHIPS PROGRAM, INC.

**Current Principal Place of Business:**

145 SOLANO PRADO  
CORAL GABLES, FL 33567

**New Principal Place of Business:**

14240 GREENLEAF STREET  
SHERMAN OAKS, CA 91423

**Current Mailing Address:**

145 SOLANO PRADO  
CORAL GABLES, FL 33567

**New Mailing Address:**

14240 GREENLEAF STREET  
SHERMAN OAKS, CA 91423

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DEREK A. SCHWARTZ, P.A.  
1900 CORPORATE BOULEVARD  
SUITE 225 WEST  
BOCA RATON, FL 33431 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: 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: D (X) Change ( ) Addition  
Name: GRANT, BRIAN  
Address: 14240 GREENLEAF STREET  
City-St-Zip: SHERMAN OAKS, CA 91423

Title: D (X) Change ( ) Addition  
Name: GRANT, GINA  
Address: 14240 GREENLEAF STREET  
City-St-Zip: SHERMAN OAKS, CA 91423

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

04/29/2005

Electronic Signature of Signing Officer or Director

Date