2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2004 8:00 am Secretary of State

DOCUMENT # N0300001298 1. Entity Name IN DA HOUSE, FRIENDS OF AMELIA, CORP.				0.	4-13-2004 90023 012 ****	51.25	
7060 NORTHWEST 173 DRIVE 7060 NORTH UNIT 1507 UNIT 1507			ORTHWEST 173 DRIVE 507		928 439		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082004 Ct	ng-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number	-4258001	Applied For Not Applicable	
<i>Z</i> ip	Country	ʻ Zip	Country	5. Certificate of St	atus Desired		
6. Name and Address of Current Registered Agent					ress of New Registered Agent		
REIF, STEPHEN 7060 NORTHWEST 173 DRIVE UNIT 1507			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
MIAMI, FL 33015			City	City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
Filing Fee is \$61.25 Due by May 1, 2004 9. Election Camp Trust Fund Co				\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
10.	OFFICERS AND DIR		11.	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS		
NAME ROD STREET ADDRESS 171	DRIGUEZ, ESTEBAN SOUTHWEST 49 AVENUE MI, FL 33134	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Chang	e	
STREET ADDRESS 7537	AZAR, ANTONIO 7 HISPANIOLA AVENUE MI, FL 33141	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Chan	e 🔲 Addition	
STREET ADDRESS 7060	: F, STEPHEN D NORTHWEST 173 DRIVE, I MI, FL 33015	□ Delete UNIT 1507	TITLE NAME STREET ADDRESS CITY-S1-ZIP	-	☐ Chan	e 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Chang	e 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Chan	e 🔲 Addition	
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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 offer like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR DRINTED MAME OF SIGNING OFFICER OR DIRECTOR

705 216851/