2005 NOT-FOR-PROFIT CORPORATION

Apr 09, 2005 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # N03000001298 1. Entity Name IN DA HOUSE, FRIENDS OF AMELIA, CORP. Principal Place of Business Mailing Address 7060 NORTHWEST 173 DRIVE 7060 NORTHWEST 173 DRIVE UNIT 1507 **UNIT 1507** MIAMI, FL 33015 US __ MIAMI, FL 33015 US CR2E037 (10/03) 02172005 No Chg-NP DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-4258001 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent REIF, STEPHEN DO NOT WRITE 7060 NORTHWEST 173 DRIVE **UNIT 1507** IN THIS SPACE MIAMI, FL. 33015 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, lyped or printed name of registered agent and file if applicable (NOTE Registered Agent signature required when reinstaling) 9. Election Campaign Financing Filing Fee is \$61.25 **\$5.00** May Be Due by May 1, 2005 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE U00000296158 04/09/05-80056-015 61.25 NAME RODRIGUEZ, ESTEBAN STREET ADDRESS 171 SOUTHWEST 49 AVENUE CITY - ST - ZIP MIAMI, FL 33134 TITLE VΡ NAME SALAZAR, ANTONIO STREET ADDRESS 7537 HISPANIOLA AVENUE CITY-ST-ZIP MIAMI, FL 33141 TITLE SEC. NAME REIF, STEPHEN STREET ADDRESS 7060 NORTHWEST 173 DRIVE, UNIT 1507 DO NOT WRITE CITY-ST-ZIP MIAMI, FL 33015 IN THIS SPACE BBE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAML

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED