

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001872

FILED
Apr 28, 2005
Secretary of State

Entity Name: FLORIDA "W" PROJECT, INC.

Current Principal Place of Business:

700 NE 26TH TERRACE S 302
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

700 NE 26TH TERRACE S 302
MIAMI, FL 33137

New Mailing Address:

FEI Number: 42-1568733

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

XANTHOPOULOU, PAULA
700 NE 26TH TERRACE S 302
MIAMI, FL 33137 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: MCCANDLESS, SHERRI
Address: 919 N DIXIE HWY
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: LAZAR, CHARNA
Address: 501 NW 7TH ST
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: HURLBERT, NANCY L
Address: 1153 SW 25TH AVE
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D () Delete
Name: POLLOCK, CLARICE B
Address: 1965 S OCEAN DRIVE #17S
City-St-Zip: HALLANDALE, FL 33009

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: CLARICE POLLOCK

D

04/28/2005

Electronic Signature of Signing Officer or Director

Date