2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 19, 2004 8:00 am Secretary of State

DOCUMENT # N0300000 1. Entity Name SUCCESS KEEPS YOU EMPOWE		07-19-2004 90010 016 ****70.00					
Principal Place of Business PO BOX 3783 W HOLLYWOOD, FL 33083 Mailing Address PO BOX 3783 W HOLLYWOOD, FL 33083 W HOLLYWOOD, FL 3308		083	1 (3400) 70 54161		.54063415	5	
2. Principal Place of Business	3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.	,	04192004 Ch	g-NP CF	R2E037 (10/03)		
City & State	City & State		4.51 Number 7	14003	Applied For Not Applicab	ole	
Zip Country	Zip	Country :	5. Certificate of Sta	atus Desired 🛕	\$8.75 Additional Fee Required		
6. Name and Address of Curre	nt Registered Agent		7. Name and Add	ess of New Regist	ered Agent		
JIMENEZ, KIM 8420 N SHERMAN CIR MIRAMAR, FL 33025		Name Street Addres					
		City			FL Zip Code		
The above named entity submits this statement the obligations of registered agent. The above named entity submits this statement the obligations of registered agent. The above named entity submits this statement the obligations of registered agent.	9			*	· · · · · · · · · · · · · · · · · · ·		
SIGNATURE Signature, typed or printed name of registered age		: Registered Agent signature req			Check payable to		
Signature, typed or printed name of registered ap Filing Fee is \$61.25 Due by May 1, 2004	9. Election Cam Trust Fund C	npaign Financing	\$5.00 May Be Added to Fees	Make (check payable to Department of State		
Signature, typed or printed name of registered applications of the second secon	9. Election Cam Trust Fund C	npaign Financing contribution.	\$5.00 May Be Added to Fees	Make (check payable to Department of State ND DIRECTORS IN 10	:	
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Signature, typed or printed name of registered age Filling Fee is \$61.25 Due by May 1, 2004 10. OFFICERS AND TITLE CEOD NAME JIMENEZ, KIM	9. Election Cam Trust Fund C	npaign Financing contribution. 11. TITLE NAME	\$5.00 May Be Added to Fees	Make (check payable to Department of State ND DIRECTORS IN 10	ion	
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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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER CONFECTOR

SIMENEZ 5/0

2316 Daytime Phone #