

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003209

FILED  
Aug 02, 2004  
Secretary of State

**Entity Name:** FAGEN FAMILY HISTORICAL TRUST, INC.

**Current Principal Place of Business:**

5311 SW 153RD AVENUE  
MIAMI, FL 33185

**New Principal Place of Business:**

**Current Mailing Address:**

5311 SW 153RD AVENUE  
MIAMI, FL 33185

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

LUPO, PHILIP F ESQ.  
1900 ROCKLEDGE BOULEVARD  
ROCKLEDGE, FL 32955 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: BRITO, ELIZABETH A  
Address: 5311 SW 153RD AVENUE  
City-St-Zip: MIAMI, FL 33185

Title: D ( ) Delete  
Name: GARRETT, CATHY F  
Address: 8921 LAKE DRIVE #302  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D ( ) Delete  
Name: LUPO, ROXANNE  
Address: 1900 ROCKLEDGE BLVD.  
City-St-Zip: ROCKLEDGE, FL 32955

**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:

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: ELIZABETH BRITO

D

08/02/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date