2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# N03000003623

Entity Name: CONCERNED PARENTS SUPPORTING DREAMER 2010, INC.

Current Principal Place of Business:

3500 NW 188 STREET
MIAMI, FL 33056

New Principal Place of Business:

Current Mailing Address:

3500 NW 188 STREET
MIAMI, FL 33056

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

UPTGROW, CRAIG
3500 NW 188 STREET
MIAMI, FL 33056 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: CANDELARIO, YLONKA
Address: 3586 N.W. 41 ST.
City-St-Zip: MIAMI, FL 33142

Title: D ( ) Delete
Name: FLOYD, PATRICIA
Address: 9325 N.W. 14TH AVE.
City-St-Zip: MIAMI, FL 33147

Title: D ( ) Delete
Name: MONK, GREGORY
Address: 2501 N.W. 121 ST.
City-St-Zip: MIAMI, FL 33167

Title: D ( ) Delete
Name: NOTTAGE, TANETRIC
Address: 5946 N.W. 18TH AVE.
City-St-Zip: MIAMI, FL

Title: D ( ) Delete
Name: BROWN, ANGELA
Address: 2931 NW 61 ST.
City-St-Zip: MIAMI, FL 33142

Title: D ( ) Delete
Name: WILLIAMS, MARY
Address: 3028 N.W. 64TH ST.
City-St-Zip: MIAMI, FL 33142

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:

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: EDWARD S. MURRAY D 04/28/2004
Electronic Signature of Signing Officer or Director — Date