2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: Itria Johnson

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # N03000003664 1. Entity Name 04-26-2004 90528 048 ****61.25 R.P.H.A., INC. Principal Place of Business Mailing Address 6 BAY AVE HALLANDALE PL 33009 PO BOX 3324 HALLANDALE FL 33008 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For ID# 45-05 allanda Not Applicable Country \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CATENA, LORRAINE 6 BAY AVE HALLANDALE FL 33009 (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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Addition COWHERD, DOROTHY NAME NAME 6 Coconut Avenue 720 FEDERAL HIGHWAY: 6 BAY AVENUE STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 CITY - ST - ZIF CITY-ST-ZIP VD# TITLE TITLE V 🗗 🗱 🛘 ☐ Delete ☐ Addition BEAULIEU, MICHEL NAME NAME 720 FEDERAL HIGHWAY: 6-BAY-AVENUE 44 Bay Avenue STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 CITY-ST-ZIP CITY-ST-ZIP VD #LQ VD#2 TITLE TITLE ☐ Delete Addition SANTAGATA, ELVERA NAME 14 Coconut Avenue 720 FEDERAL-HIGHWAY, 6 BAY-AVENUE STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition CATENA, LORRAINE NAME NAME 720 FEDERAL HIGHWAY, 6 BAY AVENUE STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 CITY-ST-7IP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition JOHNSON (ETRA) Sohnson Itria 6 Pine Avenue NAME NAME 720 FEDERAL HIGHWAY, 6 BAY AVENUE STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 CITY-ST-ZIP CITY-ST-ZIP sechetary TITLE ☐ Delete TITLE Addition ☐ Change **#Donald** NAME NAME STREET ADDRESS STREET ADDRESS 10 Bay CITY-ST-ZIP CITY-ST-ZIP 12. 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.

thia & Johnson april 13, 2004

FILED