

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004265

FILED  
Apr 08, 2004  
Secretary of State

Entity Name: WARRIORS INTERNATIONAL CULTURAL CENTER, INC

## Current Principal Place of Business:

2118 NW 55TH WAY  
APT. 6-208  
LAUDERHILL, FL 33313

## New Principal Place of Business:

5710 LAKESIDE DRIVE,  
APT. # 700  
MARGATE, FL 33063

## Current Mailing Address:

2118 NW 55TH WAY  
APT. 6-208  
LAUDERHILL, FL 33313

## New Mailing Address:

5710 LAKESIDE DRIVE,  
APT. # 700  
MARGATE, FL 33063

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

## Name and Address of Current Registered Agent:

LAWSON, ROBERT V SR.  
2118 NW 55TH WAY  
APT. 6-208  
LAUDERHILL, FL, FL 33313 US

## Name and Address of New Registered Agent:

LAWSON, ROBERT V SR.  
5710 LAKESIDE DRIVE,  
APT. # 700  
MARGATE, FL 33063

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:

04/08/2004

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Change (X) Addition  
Name: LAWSON, ROBERT V REV.  
Address: 5710 LAKESIDE DRIVE, # 700  
City-St-Zip: MARGATE,, FL 33063

Title: DS ( ) Change (X) Addition  
Name: LAWSON, SHIRLEY M  
Address: 5710 LAKESIDE DRIVE, # 700  
City-St-Zip: MARGATE,, FL 33063

Title: D ( ) Change (X) Addition  
Name: FULLER, PAUL  
Address: 4814 MODERN DRIVE,  
City-St-Zip: DELRAY BEACH, FL 33445

Title: D ( ) Change (X) Addition  
Name: FULLER, JOAN  
Address: 4814 MODERN DRIVE  
City-St-Zip: DELRAY BEACH, FL 33445

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: ROBERT LAWSON

DP

04/08/2004

Electronic Signature of Signing Officer or Director

Date