
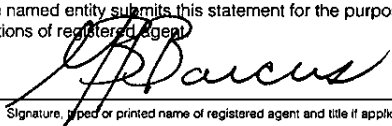
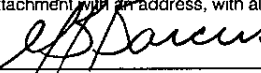


FILED
Feb 05, 2004 8:00 am
Secretary of State

DOCUMENT # N03000004626					
1. Entity Name SFPC COMMUNITY HOUSING CORPORATION					
Principal Place of Business 155 SOUTH MIAMI AVE., STE. 1150 MIAMI, FL 33131			Mailing Address 155 SOUTH MIAMI AVE., STE. 1150 MIAMI, FL 33131		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
6. Name and Address of Current Registered Agent					
WEISS, DANIEL A 550 BRICKELL AVE., PENTHOUSE TWO MIAMI, FL 33131					Name M Street Address IS City M
8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.					
SIGNATURE  MARIA PELLEGRIN <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>					
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
10. OFFICERS AND DIRECTORS					
TITLE	PD JACKSON, FREDERICK				<input checked="" type="checkbox"/> Delete
NAME	1 ALHAMBRA PLAZA 8TH FLOOR				
STREET ADDRESS	CORAL GABLES, FL 33134				
CITY-ST-ZIP					
TITLE	VD QUICK, LINDA S				<input type="checkbox"/> Delete
NAME	6363 TAFT ST., STE. 200				
STREET ADDRESS	HOLLYWOOD, FL 33024				
CITY-ST-ZIP					
TITLE	SD CASALE, MSGR. F				<input type="checkbox"/> Delete
NAME	16400 NW 32 AVE.				
STREET ADDRESS	MIAMI, FL 33054				
CITY-ST-ZIP					
TITLE	TD DE RAMON, GONZALO				<input checked="" type="checkbox"/> Delete
NAME	100 SE 2ND ST., 13TH FLOOR				
STREET ADDRESS	MIAMI, FL 33131				
CITY-ST-ZIP					
TITLE	D BELL, J. ED				<input type="checkbox"/> Delete
NAME	8350 NW 52ND TERR., STE. 107				
STREET ADDRESS	MIAMI, FL 33166				
CITY-ST-ZIP					
TITLE	D BROOKS, LYNETTE				<input checked="" type="checkbox"/> Delete
NAME	201 N.E. 11TH ST., #128				
STREET ADDRESS	HOMESTEAD, FL 33030				
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 610.01(1), F.S., which provides that the information furnished in this report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 610, F.S., changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  MARIA PELLEGRIN BA <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					