2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 23, 2004 8:00 am Secretary of State

DOCUMENT # N0300004808 1. Entity Name MIAMI LAKES ROTARY CHARITABLE FOUNDATION, INC.				08-23-2004 90017 044 ****61.25
Principal Place 4000 NW 301 MIAMI, FL 33	TH AVE.	Mailing Address 4000 NW 30TH AVE MIAMI, FL 33142		54069507
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2. Principal Pi	lace of Business	3. Mailing Address 15476 Nu) 77 CT.	
Suite, Apt.	#, etc.	Suite, Apt. #, etc. PMB 188	8	08182004 Chg-NP CR2E037 (10/03)
City & State	9	City & State	AKES FL	4. FEI Number Applied For 20-01+65+8 Not Applied be
Zip	Country	33016	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current			7. Name and Address of New Registered Agent
MARCUS	RICHARD		Name (PAUL A. COX
MARCUS, RICHARD 4000 NW 30TH AVE			Street Addres	s (P.O. Box Number is Not Acceptable)
MIAMI, FL 33142				9/1 // // // // // // // // // // // // /
			City	Zip Code
P. The above	accord gath, authorite this statement to	the evenes of changing its re	· · · · · · · · · · · · · · · · · · ·	tered agent, or both, in the State of Florida. Tam familiar with, and accept
	ions of registered agent.	the purpose of changing its re	gistered office or regis	ered agent, or both, in the state of Florida. Tanhamiliar with, and accept
SIGNATURE Paul A Cox Saul C. Cox Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
Filing Fee is \$61.25 Due by September 8, 2004 9. Election Campain Trust Fund Control				\$5.00 May Be Added to Fees Make check payable to Florida Department of State
10.	OFFICERS AND DIF	RECTORS		
TITLE			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
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12. Thereby 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.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/ay

(305)4982322 Daytime Phone #