


2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000004859 1. Entity Name BNI OF PEMBROKE PINES FLORIDA, INC.	
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FILED

04 OCT -8 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business C/O MILLEDGRET IDEN 3240 CORPORATE WAY MIRAMAR, FL 33025	Mailing Address 8141 TAFT STREET PEMBROKE PINES, FL 33024
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2. Principal Place of Business C/O Milledgret & Iden Suite, Apt. #, etc. 3240 Corporate Way City & State MIRAMAR FLORIDA Zip 33025	3. Mailing Address C/O Milledgret & Iden Suite, Apt. #, etc. 3240 CORPORATE WAY City & State MIRAMAR FLORIDA Zip 33025
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07282004 Chg-NP CR2E037 (10/03)

4. FEI Number 14-1886821	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**IDEN, BRUCE
3240 CORPORATE WAY
MIRAMAR, FL 33025**

7. Name and Address of New Registered Agent

Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PO SHNEIDER, JEFFREY	<input type="checkbox"/> Delete
NAME	14501 SW 24TH ST.	
STREET ADDRESS	MIRAMAR, FL 33027	
CITY-ST-ZIP		
TITLE	VD LIVINGSTON, CHARLES	<input checked="" type="checkbox"/> Delete
NAME	12555 BISCAYNE BLVD.	
STREET ADDRESS	NORTH MIAMI, FL 33181	
CITY-ST-ZIP		
TITLE	STD NOCETE, AMERICO	<input checked="" type="checkbox"/> Delete
NAME	11020 PEMBROKE RD.	
STREET ADDRESS	MIRAMAR, FL 33026	
CITY-ST-ZIP		
TITLE	Resident	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Vice President Jeffrey Schneider	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD BRUCE IDEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3240 CORPORATE WAY	
STREET ADDRESS	MIRAMAR, FL 33025	
CITY-ST-ZIP		
TITLE	President JOSE MARTIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1000 Corporate Drive	
STREET ADDRESS	Suite 700 Ft. Lauderdale fl. 33334	
CITY-ST-ZIP		
TITLE	Sec/Treasurer Diana Ignacio	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4410 Weston Road	
STREET ADDRESS	Weston, Florida 33331-3193	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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.

SIGNATURE: Jeff Schneider **8/28/04** **(as4)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #