## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N0300005474										FILL			
Entity Name     R & B BLUES GOSPEL ENTERPRISES, INC.									07	NOV 16 PI	4 1:41	•	
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Principal Place of Business				_	Address		<del>'</del>		I I	ECRETARY OF LLAHASSEE,	FLORIDA	* *	
728 NW 79 ST MIAMI, FL 33150			P.O. BOX 28571 HIALEAH, FL 33002				l	,					
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2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Sui	te, Apt. #, etc.				09212004	STATE	别信的人	· /h ia	
							•			Chg <sup>2</sup> NP * * * Cl	R2E037 (10/03)		
City & State				City & State					4. FEI Number 5 1-04	92982	<b>}</b> ——	Applied For Not Applicable	
Zip ·	Country		Zip Co			ountry		<ol><li>Certificate of S</li></ol>	Status Desired [	\$8.75 A			
	6. Name	and Address	of Current F	Registere	egistered Agent			7. Name and Address of New Registered Agent					
ALLEN, AL		Name			<u></u>								
728 NW 79 ST MIAMI, FL 33150						•	Street Add	ress (f	P.O. Box Number is	Not Acceptable)	<u> </u>		
									,				
							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													
Filling Fee is \$61.25  9. Election Campaign Financing \$5.00 May Be Make check payable to													
Due by September 8, 2004 Trust Fund Contri								j	Added to Fees	<u> </u>	Department of		
10.	Р	OFFICE	RS AND DIR	RECTORS 11.					ADDITIONS/CHANG	GES TO OFFICERS A	ND DIRECTORS  Change		
NAME	ALLEN, A			NAM			I .			•			
STREET ADDRESS CITY-ST-ZIP	ss   728 NW 79 ST   MIAMI, FL 33150				. SIR			••					
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12. I hereby	certify that th	ne information s	supplied with	this filing	does not qualify fo	r the exe	mption stated ture shall hav	d in Se	ection 119.07(3)(i), F same legal effect as	Florida Statutes, I furth	her certify that the that I am an office	e information er or director	
12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 1:307(3)(i). Profital Statutes. Further certify that me 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.											or Black 11 if		
SIGNATURE: 9-21-64											:		
SIGNAI	UKE: _	. SIGNATURE	ND TYPED OR P	RINTED NAM	E OF SIGNING OFFICER	OR DIREC	TOR	•		Date	Daytime Phone	•	