2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008484

Entity Name: ST. PATRICK'S DAY COMMITTEE, INC.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 13856 KENDALE LAKES DRIVE 7804 ROMONA STREET MIAMI, FL 33183 MIRAMAR, FL 33023 **Current Mailing Address: New Mailing Address:** 13856 KENDALE LAKES DRIVE PO BOX 144844 MIAMI, FL 33183 CORAL GABLES, FL 33134 FEI Number: 27-0070195 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VASALLO, CHRISTOPHER D VASALLO, CHRISTOPHER D 2121 PONCE DE LEON BOULEVARD 2605 PONCE DE LEON BLVD SUITE 900 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 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: 04/30/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete O'CONNOR, MICHAEL DUNN, THOMAS R Name: Name: 13856 KENDALE LAKES DRIVE Address: 7804 RAMONA STREET Address: City-St-Zip: MIAMI, FL 33183 City-St-Zip: MIRAMAR, FL 33023 Title: VD () Delete Title: (X) Change () Addition DUNN, THOMAS Name: O'BRIEN, WILLIAM J Name: Address: 7804 RAMONA STREET Address: P.O. BOX 450549 City-St-Zip: MIRAMAR, FL 33023 City-St-Zip: MIAMI, FL 33245 Title: () Delete Title: (X) Change () Addition O'BRIEN, WILLIAM J Name: COONEY, JAMES Name: P.O. BOX 45059 4060 HARDIE ROAD Address: Address: City-St-Zip: MIAMI, FL 33245 City-St-Zip: MIAMI, FL 33133 Title: TD () Delete Title: () Change () Addition Name: RUSSELL, DAVID Name: Address: P.O. BOX 560427 Address: City-St-Zip: MIAMI, FL 332560427 City-St-Zip: Title: () Delete Title: SD () Change (X) Addition CAMERON, CARROLL Name: Name: 7305 S.W. 123RD STREET Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33156 () Change (X) Addition Title: () Delete Title: KANE, JOHN Name: Name: Address: Address: 10441 S.W. 99TH STREET MIAMI, FL 33138 City-St-Zip: City-St-Zip:

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: DAVID RUSSELL TRES 04/30/2004