2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005
Secretary of State

DOCUMENT# N03000010547

Entity Name: BRIDGES MULTICULTURAL CENTERS INC.

Current Principal Place of Business:

P.O. BOX 530217
MIAMI SHORES, FL 33153 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 530217
MIAMI SHORES, FL 33153 US

New Mailing Address:

FEI Number: 20-0482648 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ZAMOR, ETZER
2427 BISCAYNE BOULEVARD
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MORISSET, MICHEL
Address: P.O. BOX 530217
City-St-Zip: MIAMI SHORES, FL 33153 US

Title: VTD ( ) Delete
Name: ZAMOR, ETZER
Address: 45 NE 104 STREET
City-St-Zip: MIAMI SHORES, FL 33138 US

Title: SD ( ) Delete
Name: PLATEL-WESH, MARIE Y
Address: 7020 NW 20 STREET
City-St-Zip: SUNRISE, FL 33133 US

Title: D ( ) Delete
Name: ZAMOR, JOSETTE M
Address: 45 NE 104 ST
City-St-Zip: MIAMI SHORES, FL 33138 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: ETZER ZAMOR VTD 02/04/2005

Electronic Signature of Signing Officer or Director — Date