2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State
03-11-2004 90010 028 ****70.00

DOCUMENT # N03226

1. Entity Name
BETTER WAY OF MIAMI, INC.

54016923

Principal Place of Business	Mailing Address
800 NW 28 STREET MIAMI, FL 33127	800 NW 28 STREET MIAMI, FL 33127

02272004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2462933 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LANG, BETH % BETTER WAY 800 NW 28 ST MIAMI, FL 33127	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MOLANS, HEATHER 16100 SW 173 AVENUE MIAMI, FL 33187	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MARTIN, ERNIE 1000 NORTH RIVER DRIVE MIAMI, FL 33136	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Charles Sallion 780 NE 69th Street #801 Miami, FL 33138 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WHITEHEAD, LINDA 1801 NW 9 AVENUE MIAMI, FL 33136	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MURRAY, JERRY 17051 NE 35 AVENUE # 110 MIAMI, FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Murray, Jerry 8442 NW 47th street Coral Springs, FL 33067 ☑ Change (Address) ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANG, BETH 10901 NORTH BAY SHORE DRIVE MIAMI, FL 33161	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ Exec Dir 2/28/04 786-412-1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR — Date — Daytime Phone #