


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90113 034 \*\*\*\*61.25

<b>DOCUMENT #</b> N04000002241	
1. Entity Name <b>FISHER OF MEN ORGANIZATION, INC.</b>	

Principal Place of Business 3828 NW 213 ST MIAMI, FL 33055	Mailing Address 3828 NW 213 ST MIAMI, FL 33055
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2. Principal Place of Business <b>20200 NE 27 CT</b>	3. Mailing Address <b>20200 NE 27 CT</b>
Suite, Apt. #, etc. <b>J 36</b>	Suite, Apt. #, etc. <b>J 36</b>

City & State <b>Aventura FL</b>	City & State <b>Aventura, FL</b>
Zip <b>33180</b>	Zip <b>33180</b>
Country <b>Miami-Dade</b>	Country <b>Miami-Dade</b>



03232006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>57-1204057</b>		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 <b>DAVILA, JUSTO</b> <b>2411 SW 82 TERR</b> <b>MIRAMAR, FL 33025</b>		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>20200 NE 27 CT</b> <b>J 36</b> City <b>Aventura</b> <b>FL</b> Zip Code <b>33180</b>		

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 *Justo Davila* **Justo Davila** 3/23/06  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	Make check payable to <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP DAVILA, JUSTO 3828 NW 213 ST MIAMI, FL 33055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP MORALES, ELSA N 250-174 ST APT 709 SUNNY ISLE, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP GOODEN, DOUGLAS W 121 SW 135 TERR APT T302 PEMBROKE PINES, FL 33027 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3VP RODRIGUEZ, JULIO I 2037 SHERYL PLACE WEST COVINA, CA 91792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2VP</b> <b>RODRIGUEZ JULIO</b> <b>2037 SHERYL PL West COVINACA 91792</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Justo Davila* **Justo Davila** 3/23/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #