



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90012 017 ****61.25

DOCUMENT # N04191					
1. Entity Name MS/SF POSTRANS, INC.					
Principal Place of Business 4300 ALTON ROAD WARNER BUILDING, FIFTH FLOOR MIAMI BEACH, FL 33140			Mailing Address 4300 ALTON ROAD WARNER BUILDING, FIFTH FLOOR MIAMI BEACH, FL 33140		
2. Principal Place of Business		3. Mailing Address		 01212004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0102402				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FRIEDLAND, PRISCILLA 4300 ALTON ROAD WARNER BUILDING, FIFTH FLOOR MIAMI BEACH, FL 33140			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	CP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SONENREICH, STEVEN			NAME	
STREET ADDRESS	4300 ALTON ROAD			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33140			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, BART			NAME	GOLDBERG, BART
STREET ADDRESS	301-41 STREET			STREET ADDRESS	4300 ALTON ROAD
CITY-ST-ZIP	MIAMI BEACH, FL			CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREVA, JO MARIE			NAME	
STREET ADDRESS	7502 MAYFAIR CT			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33634			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDET, LUCY			NAME	
STREET ADDRESS	128 NE 111 STREET			STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES, FL			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONAS, IVAN			NAME	
STREET ADDRESS	4701 N MERIDIAN AVE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33140			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELKER, CHARLENE			NAME	
STREET ADDRESS	4300 ALTON ROAD			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33140			CITY-ST-ZIP	
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: <u>STEVEN D. SONENREICH, PRESIDENT</u> 2/10/04 (305)674-2143					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					