


2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90041 030 \*\*\*\*61.25

DOCUMENT # N06129			
1. Entity Name LIBRARY SQUARE ASSOCIATION, INC.			
Principal Place of Business 1096 SUNSET STRIP SUNRISE, FL 33313		Mailing Address 1096 SUNSET STRIP SUNRISE, FL 33313	
2. Principal Place of Business 6780 Sunset Strip Suite, Apt. #, etc.		3. Mailing Address 6780 Sunset Strip Suite, Apt. #, etc.	
City & State Sunrise, FL		City & State Sunrise, FL	
Zip 33313	Country USA	Zip 33313	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GRIFFITH, W. R. 1096 SUNSET STRIP SUNRISE, FL 33313		Name HAIG MAKOULIAN Street Address (P.O. Box Number is Not Acceptable) 6780 Sunset Strip City Sunrise FL Zip Code 33313	
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 <i>Haig Makoulian Sec/Tres</i>		DATE <i>January 24, 2004</i>	
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 NAME STREET ADDRESS CITY-ST-ZIP	PD GLEASON, THOMAS 6666 SUNSET STRIP SUNRISE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Bodenstein, Ben 6660 Sunset Strip Sunrise, FL 33313 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRIFFITH, W.R. 1096 SUNSET STRIP SUNRISE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Taylor, Donovan 6778 Sunset Strip Sunrise, FL 33313 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GLEASON, THOMAS 6660 SUNSET STRIP 1 SUNRISE, FL <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	D MAKOULIAN, HAIG 6780 SUNSET STRIP FORT LAUDERDALE, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Makoulian, Haig 6780 Sunset Strip Sunrise, FL 33313 <input checked="" 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
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 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 <i>Haig Makoulian</i>		Date <i>January 24, 2004</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <i>954 747-7666</i>	