

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90273 031 ****61.25

DOCUMENT # N06588

1. Entity Name

4 CHILDREN'S S.A.K.E., INC.



Principal Place of Business

621 SOUTH FEDERAL HIGHWAY
SUITE #6
FT. LAUDERDALE FL 33301

Mailing Address

6250 N. ANDREWS AVE
STE. 104
FT. LAUDERDALE FL 33309
US

2. Principal Place of Business

3. Mailing Address

8002 SW 5TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NORTH LAUDERDALE, FL

Zip

Country

Zip

Country

33068

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSSELLI, CATHERINE
621 SOUTH FEDERAL HWY, SUITE 6
FT. LAUDERDALE FL 33301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: 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 ☐ Delete
NAME D
STREET ADDRESS GARRET, JOAN
CITY-ST-ZIP 4629 POINCIANA STREET #302
LBTS FL 33308

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME TD
STREET ADDRESS JANET RIHL
CITY-ST-ZIP 3389 COCOPLUM CIR
COCONUT CREEK FL 33063

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME PD
STREET ADDRESS SAMSON, ROBERT H
CITY-ST-ZIP 1601 NW 6TH AVE
FT LAUDERDALE FL 33311

TITLE ☐ Change ☒ Addition
NAME PD
STREET ADDRESS SHOEMAKER, WILLIAM
CITY-ST-ZIP 2301 SOLAR PLAZA DRIVE
FORT LAUDERDALE, FL 33301

TITLE ☐ Delete
NAME SD
STREET ADDRESS CATALUNA, MONICA
CITY-ST-ZIP 5476 NW 56TH DRIVE
COCONUT CREEK FL 33073

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VP
STREET ADDRESS HALEY, BARBARA L
CITY-ST-ZIP 8002 SW 5TH STREET
NORTH LAUDERDALE FL 33068

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Janet N. Rihl* JANET N. RIHL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04 954-584-8997
Date Daytime Phone #