2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State

04-30-2004 90289 009 ****61.25

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Country Zip Country Zip Country Store Country	65-0064953 Not Applicable Country \$8.75 Additional
6. Name and Address of Current Registered Agent GREENBERG, MICHAEL 4400 WEST SAMPLE ROAD, STE 200 COCONUT CREEK, FL 33073 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 acc the obligations of registered agent. SIGNATURE Signature, typed or privated name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) Due by May 1, 2004 FL Make check payable to Private Contribution. TITLE DP JOANISSE, PHILIPPE ITILE INAME JOANISSE, PHILIPPE STREET ADDRESS 4400 W SAMPLE ROAD, STE 200 COCONUT CREEK, FL 33073 TITLE DVP MAKE CLEMENT, GARY Delete TITLE NAME CLEMENT, GARY STREET ADDRESS COCONUT CREEK, FL 33073 CITY-ST-ZPP CLEMENT, GARY Name Street Address (P.O. Box Number is Not Acceptable) To Registered Agent alignature required when reinstating) DATE ### Address (P.O. Box Number is Not Acceptable) City City FL Zip Code City Ci	1 E Contitionate of Status Decired
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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 acc 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 Filing Fee is \$61.25 Due by May 1, 2004 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE DP NAME JOANISSE, PHILIPPE A400 W SAMPLE ROAD, STE 200 COCONUT CREEK, FL 33073 TITLE DVP ITTLE DVP Delete TITLE DVP CCEMENT, GARY Delete TITLE DVP Change Ad Change Change Ad Change Chang	
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TITLE THANKE STREET ADDRESS CITY-ST-ZIP 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.	CITY-ST-ZIP

indicated on this report or supplemental report is true and accurate and interior signature shall have the same legal effect as it 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: .

SIGNATURE AND TYPED OR PRINTED IN THE OF SIGNING OFFICER OR DIRECTOR

954-573-4496

Daytime Phone #