

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26635

Entity Name: LEIV EIRIKSSON CENTER, INC.

FILED
Aug 30, 2004
Secretary of State

Current Principal Place of Business:

1180 SOUTH AMERICA WAY
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

1180 SOUTH AMERICA WAY
MIAMI, FL 33132

New Mailing Address:

FEI Number: 65-0164512

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREEMAN, JEFFREY L ESQ
666 NE 125 STREET
SUITE 238
NORTH MIAMI, FL 33161 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WHITE, DEL
Address: 1001 N. AMERICA WAY
City-St-Zip: MIAMI, FL 33132

Title: D () Delete
Name: LEVASSER, GEORGE
Address: 10002 NW 89 AVE.
City-St-Zip: MIAMI, FL 33178

Title: D () Delete
Name: WHITE, DEL
Address: 1001 N AMERICA WY
City-St-Zip: MIAMI, FL 33132

Title: D () Delete
Name: COFFEY, ARTHUR
Address: 1610 PORT BLVD
City-St-Zip: MIAMI, FL 33132

Title: D () Delete
Name: LYNCH, JOHN
Address: 8050 NW 79TH AVE
City-St-Zip: MIAMI, FL 33166

Title: D () Delete
Name: OYEN, JOMAN
Address: 1001 NORTH AMERICA WAY # 111
City-St-Zip: MIAMI, FL 33132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: OYEN, JOHAN
Address: 1001 NORTH AMERICA WAY # 111
City-St-Zip: MIAMI, FL 33132

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHAN OYEN

D

08/30/2004

Electronic Signature of Signing Officer or Director

Date