



**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N27776 1. Entity Name PLANNED PETHOOD OF AMERICA, INC.			
Principal Place of Business 13749 N.W. 7TH AVENUE NORTH MIAMI, FL 33168 US		Mailing Address 13749 N.W. 7TH AVENUE NORTH MIAMI, FL 33168 US	
DO NOT WRITE IN THIS SPACE			
		04272004 No Chg-NP CR2E037 (10/03)	
		4. FEI Number 65-0103860	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSE, BEA LOUISE 1902 NE 119TH RD. NO. MIAMI, FL 33181		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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	000000154976 05/05/04-80019-006 61.25
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MULLOY, GARDNAR 800 N.W. 9TH AVENUE MIAMI, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ROSE, BEA 1902 N.E. 119TH ROAD N. MIAMI, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2VP WILLIAMS, MARY KAY 9339 S.W. 150TH STREET MIAMI, FL 33176		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STVD ATCHISON, VIVIAN 145 N E 129TH STREET N. MIAMI, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE 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: A BEA ROSE, <i>Bea L Rose</i>		4/30/04	305-687-7729
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>