

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

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90247 048 \*\*\*\*61.25

**DOCUMENT # N28209**

1. Entity Name

**SOUTH MIAMI BUSINESS NETWORK, INC.**



Principal Place of Business

**C/O NANCY WEAR**

**1234 S DIXIE HWY, #337**

**CORAL GABLES, FL 33146 US**

Mailing Address

**C/O NANCY WEAR**

**1234 S DIXIE HWY, #337**

**CORAL GABLES, FL 33146 US**



04302004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

**65-0070014**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**WEAR, NANCY**

**1234 S DIXIE HWY, #337**

**CORAL GABLES, FL 33146**

**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 \_\_\_\_\_

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. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DS  
GAINES, DONNA  
1556 CATALONIA  
MIAMI, FL 33139**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DT  
BIRTS, MARIE  
6520 SW 58 PLACE  
MIAMI, FL 33143**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DV  
SORGIE, JOHN  
5833 PONCE DE LEON BLVD  
MIAMI, FL 33146**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DP  
WEAR, NANCY  
1234 S DIXIE HWY, #337  
CORAL GABLES, FL 33146**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*NANCY WEAR*  
**WEAR, NANCY**  
**30 APR 2004**  
**305/666-8066**