


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
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04302004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0070014	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEAR, NANCY
 1234 S DIXIE HWY, #337
 CORAL GABLES, FL 33146

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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 accept the obligations of registered agent.

SIGNATURE _____ (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 SORGUE, JOHN <i>SORGIE</i> 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: Nancy Wear *NANCY WEAR, DP* 30 APR 2004 305/4666-8066
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #