

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

**FILED**  
**Jan 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N30400**

1. Entity Name  
**CITIZENS FOR A BETTER SOUTH FLORIDA, INC.**



Principal Place of Business  
 2025 SW 32ND AVE  
 MIAMI, FL 33145 US

Mailing Address  
 2025 SW 32ND AVE  
 MIAMI, FL 33145 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
 65-0114889

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILIAN, ARSENIO  
 2025 SW 32 AVE  
 MIAMI, FL 33145

Name

Street Address (P.O. Box Number is Not Acceptable)

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 accept the obligations of registered agent.

SIGNATURE

*Arsenio Milian*

1/06/04

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MILIAN, ARSENIO	
STREET ADDRESS	2025 SW 32 AVE	
CITY-ST-ZIP	MIAMI, FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PARDO, GEORGINA	
STREET ADDRESS	244 BISCAYNE BOULEVARD	
CITY-ST-ZIP	MIAMI, FL 32122	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	ESPINO, MARIA D	
STREET ADDRESS	501 BRICKELL KEY DR., STE. 502	
CITY-ST-ZIP	MIAMI, FL 331312405	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWAIN, DEBORAH	
STREET ADDRESS	2025 S.W. 32ND AVENUE	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE	D	<input type="checkbox"/> Delete
NAME	BETZ, GILBERT	
STREET ADDRESS	2025 SW 32 AVENUE	
CITY-ST-ZIP	MIAMI, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

00000001758  
 01/12/04-80024-004 70.00

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:

*Arsenio Milian*

1/06/04

305-448-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #