

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31262

FILED
Feb 05, 2004
Secretary of State**Entity Name:** ALLIANCE OF MIAMI, INC.**Current Principal Place of Business:**1725 SW 32 STREET
FORT LAUDERDALE, FL 33315 US**New Principal Place of Business:****Current Mailing Address:**4221 NE 12 AVENUE
POMPANO BEACH, FL 33064 US**New Mailing Address:****FEI Number:** 65-0108764 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**FLORIO, ANTHONY
1725 SW 32 STREET
FT. LAUDERDALE, FL 33315 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:** DP () Delete
Name: FLORIO, ANTHONY
Address: 1725 SW 32 STREET
City-St-Zip: FORT LAUDERDALE, FL 33315**Title:** DS (X) Delete
Name: CULLEN, PATRICK
Address: 1170 NE 42 COURT
City-St-Zip: POMPANO BEACH, FL 33064**Title:** DV (X) Delete
Name: PORTER, KATHY
Address: 2220 NW 70 LANE
City-St-Zip: MARGATE, FL 33063**Title:** DFC () Delete
Name: SCOTT-FLORIO, SHERRY
Address: 4221 NE 12 AVE
City-St-Zip: POMPANO BEACH, FL 33064**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:

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: SHERRY SCOTT-FLORIO

DFC

02/05/2004

Electronic Signature of Signing Officer or Director

Date