


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

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N32025**  
 1. Entity Name  
**AFFORDABLE HOUSING SITES, INC.**



Principal Place of Business      Mailing Address  
**7870 N.W. 11TH PLACE**      **7870 N.W. 11TH PLACE**  
**PLANTATION, FL 33322 US**      **PLANTATION, FL 33322 US**



04072004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0136702** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**COR, IRA L**  
**7870 N.W. 11TH PLACE**  
**PLANTATION, FL 33322**

**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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

14-12719-8000-004 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD COR, BESS 2001 GRENADA DRIVE, #A-1 COCONUT CREEK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COR, IRA L 7870 N.W. 11TH PLACE PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD COR, TINA 7870 N.W. 11TH PLACE PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:** IRL as Pres **4/7/04 954-797-8000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #