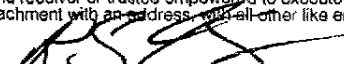


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N36446			
1. Entity Name CANADIAN AMERICAN CHAMBER OF COMMERCE OF SOUTH FLORIDA, INC.			
Principal Place of Business 1000 W MCNAB ROAD POMPANO BEACH, FL 33069	Mailing Address 1000 W MCNAB ROAD POMPANO BEACH, FL 33069		
DO NOT WRITE IN THIS SPACE			
		03112003 No Chg-NP CR2E037 (10/03)	
		4. FEI Number 65-0172618	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HRAWG CORP 1801 N MILITARY STE 200 BOCA RATON, FL 33431		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 September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000160910 05/19/04 80001-006 61.25
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, JAMES H 1001 E HALLANDALE BEACH BLVD HALLANDALE, FL 33009		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MINERLEY, KENNETH L 980 N. FEDERAL HIGHWAY, #412 BOCA RATON, FL 33432		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANE, GEORGE A 600 NE THIRD AVENUE FORT LAUDERDALE, FL 33304		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROY, CHRISTIAN P 1001 E. HALLANDALE BEACH BLVD HALLANDALE, FL 33009		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASE, E. RIC 1450 SW 3RD ST POMPANO BCH, FL 33069		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		5-17-04 (561) 362-6699	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	