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	Mailing Address
1000 W MCNAB ROAD POMPANO BEACH, FL 33069	1000 W MCNAB ROAD POMPANO BEACH, FL 33069

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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

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

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

TITLE	D
NAME	LONG, JAMES H
STREET ADDRESS	1001 E HALLANDALE BEACH BLVD
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	PD
NAME	MINERLEY, KENNETH L
STREET ADDRESS	980 N. FEDERAL HIGHWAY, #412
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	D
NAME	LANE, GEORGE A
STREET ADDRESS	600 NE THIRD AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	TD
NAME	ROY, CHRISTIAN P
STREET ADDRESS	1001 E. HALLANDALE BEACH BLVD
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	D
NAME	BASE, E. RIC
STREET ADDRESS	1450 SW 3RD ST
CITY-ST-ZIP	POMPANO BCH, FL 33069
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: _____ 5-17-04 (561) 362-6699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #