

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39306

Entity Name: CRA ADVOCATES, INC.

FILED
Feb 13, 2004
Secretary of State**Current Principal Place of Business:**1201 S OCEAN DR
#2006-SOUTH
HOLLYWOOD, FL 33019 US**New Principal Place of Business:****Current Mailing Address:**1201 S OCEAN DR
#2006-SOUTH
HOLLYWOOD, FL 33019 US**New Mailing Address:**

FEI Number: 65-0331719

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:ARIAS, MARGUSRITE
1201 S OCEAN DR
#2006- SOUTH
HOLLYWOOD, FL 33019 US**Name and Address of New Registered Agent:**ARIAS, MARGUERITE
1201 S OCEAN DR
#2006- SOUTH
HOLLYWOOD, FL 33019 US

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: MARGUERITE ARIAS

02/13/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: DP () Delete
Name: ARIAS, JACK,
Address: 1201 S OCEAN DR
City-St-Zip: HOLLYWOOD, FLTitle: DST () Delete
Name: ARIAS, MARGUERITE,
Address: 1201 S OCEAN DR
City-St-Zip: HOLLYWOOD, FLTitle: D () Delete
Name: FRANCES HARRIS,
Address: 1965 S OCEAN DR
City-St-Zip: HALLANDALE, FL 33009**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: DP (X) Change () Addition
Name: ARIAS, JACK
Address: 1201 S OCEAN DR
City-St-Zip: HOLLYWOOD, FLTitle: DST (X) Change () Addition
Name: HARMON, MARJON
Address: 6941 N. W. 6TH COURT
City-St-Zip: MIAMI, FL 33150 USTitle: D (X) Change () Addition
Name: TORRES, IGNACIO
Address: 3290 N.W.. 45 STREET
City-St-Zip: MIAMI, FL 33142 US

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: JACK ARIAS

DP

02/13/2004

Electronic Signature of Signing Officer or Director

Date