FILED 2004 NOT-FOR-PROFIT CORPORATION Apr 30, 2004 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # N43733 1. Entity Name 04-30-2004 90304 049 ****61.25 THE RALLIEMENT OF JEAN-RABELIANS AND THEIR FRIENDS, INC. Principal Place of Business Mailing Address 375 N.W. 188 STREET MIAMI FL 33169 375 N.W. 188 STREET MIAMI FL 33169 Mailing Address 2. Principal Place of Business CR2E037 (11/03) 4. FEI Number Applied For 65-0938640 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENÚE CORAL GABLES FL 33134 City Zip Code 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 -Stonature, typed or printed name of registered agent and little if applicable DATE (NOTE: Registered Agent signature required when reinstation) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete ☐ Change ☐ Addition TITLE TITLE RICHARDSON, RAMONDE NAME NAME 1900 SW 44TH AVE., #1 STREET ADDRESS STREET ADDRESS PLANTATION FL 33317 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition TITLE **DUCLOS, ELIFRANCE** NAME NAME 16810 NE 6TH CT STREET ADDRESS STREET ADDRESS NMB FL 33162 CITY-ST-ZIE CITY-ST-ZIP Delete ___ Change -- Addition TITLE TITLE. LOUIS, ANGELIQUE S NAME NAME 3611 SW 39TH AVE STREET ADDRESS STREET ADDRESS HALLANDALE FL 33023 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change ☐ Addition TITLE MARCELUS, HENRI L NAME NAME 375 NW 188TH ST STREET ADDRESS STREET ADDRESS MIAMI FL 33169 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition RICHARDSON, VALLERIE NAME NAME 4420 NW 36 CT STREET ADDRESS STREET ADDRESS LAUDERDALE LAKES FL 33319 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE MAXON, CIVIL NAME NAME 2801 NW 55 AVE STREET ADDRESS STREET ADDRESS LAUDERHILL FL 33313 CITY-ST-ZIP 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

SIGNATURE

ED NAME OF SIGNI

SIGNATURE: _