


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

FILED
May 25, 2004 8:00 am
Secretary of State

04-30-2004 90251 034 ****61.25

DOCUMENT # N48522	
1. Entity Name THE ANDRE DAWSON FOUNDATION, INC.	

Principal Place of Business 11420 SOUTHWEST 148TH TERRACE MIAMI, FL 33176	Mailing Address P.O. BOX 431339 SOUTH MIAMI, FL 33243 US
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DO NOT WRITE IN THIS SPACE



02122004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FLORIDA REGISTERED AGENTS, INC.
100 SOUTHEAST 2ND STREET
MIAMI, FL 33131**

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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 registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, VINCENT E 19643 NW 52ND COURT MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAWSON, ANDRE 5715 S.W. 130TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAWSON, VANESSA 5715 S.W. 130TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, JOHN H. 11420 S.W. 148TH TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, LINDA 11420 S.W. 148TH TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPANN, RANDY 6295 SW 58TH PLACE MIAMI, FL

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IN THIS SPACE**

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:  **4-26-04 (305) 233-4222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #