2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL R	EPORT (AR)								
DOCUMENT # N49471  1. Entity Name						FILE	- <b>L</b>			
UNITED HOUSE OF REFUGE, INC.							_ <del>_</del>			
Principal Plan	on of Business	Moiling Address	e v	STREET, STREET	05 #	IPR 21	PM 2: 1	8		
Principal Place of Business Mailing Address  12385 NW 17 AVE P.O. BOX 380306					ΔÊÛ	rt IARY I	OF STAT	ſΕ		
MIAMI FL 3		MIAMI FL 33238			TALL	AHASSEI	E, FLORI	DA ·		
2. Principal P	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E037 (11/03)					
City & State		City & State		_	4. FEI Number 6	5-033977	5	<b>}</b>	oplied For at Applicable	
Zip	Country	Zip	Country		5. Certificate of St	atus Desired		\$8.75 Add		
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New	Registered			
CEOPOEC JEAN NI DEV			Name							
GEORGES, JEAN N REV. 12385 N.W. 17 AVENUE			Street A	Address (1	P.O. Box Number is	Not Acceptab	le)			
MIA	MI FL 33167									
			City				Fl	Zip Cod	е	
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its r	egistered office of	r register	ed agent, or both, in	the State of F	lorida. Lam	familiar with,	and accept	
i										
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Agent signs	ture required	t when reinstaling)		DATE	·	<del></del>	
		9. Election Camp Trust Fund Co	paign Financing	ture required	\$5.00 May Be Added to Fees		ake Chec	k Payable		
	FILE NOW: FEE IS \$61.25  Due By May 1, 2004  OFFICERS AND DI	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be	Flor	ake Chec ida Depa	rtment of S	State	
10.	Signature. typed or printed name of registered agen FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Camp Trust Fund Co	paign Financing ontribution.		\$5.00 May Be Added to Fees ADDITIONS/CHANG	Flor ES TO OFFIC	ake Chec ida Depai ERS AND D	RECTORS IN	State	
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14/13/05 Cell.

Dale Daylore Prone \*