2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9200000180

FILED Jan 19, 2005 Secretary of State

Entity Name: THE SOUTH BEACH AIDS PROJECT, INC.

Current Principal Place of Business:			New Pri	New Principal Place of Business:			
SIUTE 200	HINGTON AVE ACH, FL 33139	NUE US					
Current Mailing Address:			New Mai	New Mailing Address:			
1234 WASHINGTON AVENUE SUITE 200 MIAMI BEACH, FL 33139 US							
FEI Number:	65-0369350	FEI Number Applied For ()	FEI Number Not Ap	oplicable ()	Certificate of Status Desired ()		
Name and	Address of Cu	ırrent Registered Agent:	Name an	nd Address	of New Registered Agent:		
SUITE 200 MIAMI BEA The above	HINGTON AVE ACH, FL 33139	US	urpose of changinດູ	g its register	ed office or registered agent, or both,		
SIGNATUF	RE:						
	Electronic	c Signature of Registered Ager	nt		Date		
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () [DENTATO, MICH 950 PENNSYLVA MIAMI BEACH, F	ANIA AVE. #18	Title: Name: Address: City-St-Zip:	950 PENN	(X) Change()Addition SKI, ROBERT SYLVANIA AVE. #18 ACH, FL 33139		
Title: Name: Address: City-St-Zip:	S () E FOSTER, GEORG 7810 NW 5TH PL PLANTATION, FL	_ACE	Title: Name: Address: City-St-Zip:	:	() Change () Addition		
Title: Name: Address: City-St-Zip:	QUACKENBUSH,	NTE DRIVE #2805	Title: Name: Address: City-St-Zip:	:	() Change() Addition		
Title: Name: Address: City-St-Zip:	HART, RAYMONI	YSHORE DRIVE, #2532	Title: Name: Address: City-St-Zip:	;	() Change() Addition		
Title: Name: Address: City-St-Zip:	JOHN, ROBERT	Delete FON AVENUE #200 L 33139	Title: Name: Address: City-St-Zip:	:	() Change() Addition		
Title: Name: Address: City-St-Zip:	D/C () E MILLNER, THOM 2212 NE 17TH C FORT LAUDERD	COURT	Title: Name: Address: City-St-Zip:	:	() Change() Addition		

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: ROBERT GRABOWSKI CH 01/19/2005