2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2004
Secretary of State

DOCUMENT# N93000000100

Entity Name: GOLDEN GLOVES CHARITIES OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

6215 OLD COURT ROAD
SUITE 504
BOCA RATON, FL 334337835

New Principal Place of Business:

Current Mailing Address:

6215 OLD COURT ROAD
SUITE 504
BOCA RATON, FL 334337835

New Mailing Address:

FEI Number: 65-0380854 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STREISAND, MARK
6215 OLD COURT ROAD
SUITE 504
BOCA RATON, FL 334337835 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: STREISAND, MARK
Address: 6215 OLD COURT ROAD, SUITE 504
City-St-Zip: BOCA RATON, FL 334337835

Title: D ( ) Delete
Name: PRESENT, STEVE
Address: 9655 S DIXIE HWY #104
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete
Name: BARRENECHE, SANDRA
Address: 5879 NW 25 CT
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MARK STREISAND D 01/07/2004

Electronic Signature of Signing Officer or Director — Date