

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

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90011 006 \*\*\*\*70.00

DOCUMENT # N93000000642			
1. Entity Name CARRFOUR SUPPORTIVE HOUSING, INC.			
Principal Place of Business 155 SOUTH MIAMI AVENUE SUITE 1150 MIAMI, FL 33131 US		Mailing Address 155 SOUTH MIAMI AVENUE SUITE 1150 MIAMI, FL 33131 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PELLERIN BARCUS, MARIA S 155 SOUTH MIAMI AVENUE SUITE 1150 MIAMI, FL 33131		Name <u>MARIA PELLERIN BARCUS</u> Street Address (P.O. Box Number is Not Acceptable) <u>155 SOUTH MIAMI AVE</u> <u>STE 1150</u> City <u>MIAMI</u> FL Zip Code <u>33131</u>	
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 <u>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable.		MARIA PELLERIN BARCUS 01-20-04 (NOTE: Registered Agent signature required when reinstating) 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	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JACKSON, FREDERICK 1 ALHAMBRA PLAZA, 8 FL CORL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC GARCIA TERE 2601 S. BAYSHORE DRIVE 10TH FL MIAMI FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DE RAMON, GONZALO 701 BRICKELL AV MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DANNER STEPHEN 1101 BRICKELL AVE. STE 1402 MIAMI FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASALE, FRANKLYN MSGR 16400 NW 32ND AVE MIAMI, FL 33054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PELLERIN-BARCUS, MARIA 155 S MIAMI AV STE 1150 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL ED 717 VIA VERONA DEERFIELD BEACH FL 33442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP QUICK, LINDA S 6363 TAFT STREET, STE 200 HOLLYWOOD, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C QUICK, LINDA S 6363 TAFT STREET STE 200 HOLLYWOOD FL 33024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		MARIA PELLERIN BARCUS 01-20-04 305-371-8300 Date Daytime Phone #	

11001010



01202004 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0387766 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

no -  
HYPHEN

[Signature]

MARIA PELLERIN BARCUS

01-20-04

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SIGNATURE: [Signature] MARIA PELLERIN BARCUS 01-20-04 305-371-8300  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #