


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

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000002528	
1. Entity Name CEDARS AUXILIARY, INC.	

Principal Place of Business 1400 NW 12TH AVE MIAMI, FL 33136	Mailing Address 1400 NW 12TH AVE MIAMI, FL 33136
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DO NOT WRITE IN THIS SPACE



02062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0415064	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BRATSPIS, SELMA R 1020 MERIDIAN AVE # 509 MIAMI, FL 33139	DO NOT WRITE IN THIS SPACE
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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: Selma R. Bratspis (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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CUNIO, ADELE 1020 MERIDIAN AVENUE #902 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRATSPIS, SELMA R 1020 MERIDIAN AVE # 509 MIAMI, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MANN, CHARLOTTE 3701 N COUNTRY CLUB DRIVE AVENTURA, FL 33680
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VAN HORNE, DEDEE 15512 SW 142 CT MIAMI SPRINGS, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAZER, SELMA 1200 WEST AVE # 1208 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZAPOLSKY, CLAIRE 1608 DREXOL AVE #14 MIAMI BEACH, FL 33139

1100000048652
02/12/04-80088-022 \$1.25

**DO NOT WRITE
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: Selma R. Bratspis SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/04 305/305-50803 Date Daytime Phone #