


**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

**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  \$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**

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*  
Signature, typed or printed name of registered agent and fee if applicable (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.  \$5.00 May Be Added to Fees

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

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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: *Selma R. Bratspis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *2/10/04* Daytime Phone #: *305/305-5080*