


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90054 034 ****70.00

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DOCUMENT # N93000002812					
1. Entity Name PARTNERS FOR SELF-EMPLOYMENT, INC.					
Principal Place of Business 3000 BISCAYNE BLVD 102 MIAMI, FL 33137 US			Mailing Address 3000 BISCAYNE BLVD 102 MIAMI, FL 33137 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0464173	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent Close H. GORDON, KATHLEEN 3000 BISCAYNE BLVD 102 MIAMI, FL 33137				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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 <i>Kathleen H. Close</i>				DATE <i>3/25/05</i>	
Filing Fee is \$61.25 Due by May 1, 2005				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	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCQUIRE, JOHN		NAME	Glick, Robert B.	
STREET ADDRESS	1 GROVE ISLE DRIVE #310		STREET ADDRESS	2499 South Bayshore Drive	
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP	Miami, FL 33133	
TITLE	CD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDUGAL, PETER		NAME		
STREET ADDRESS	1532 TREVINO AVE.		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	ED	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, DIANE		NAME		
STREET ADDRESS	3000 BISE BLVD STE 101		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33137		CITY-ST-ZIP		
TITLE	PD Close H.	<input type="checkbox"/> Delete	TITLE	Kathleen H. Close	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, KATHLEEN		NAME		
STREET ADDRESS	3000 BISCAYNE BLVD 102		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33137		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMPLER-ROSEN, ELLEN		NAME		
STREET ADDRESS	7090 SW 48 LANE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Kathleen H. Close</i>				Date <i>01/28/05</i> Daytime Phone # <i>305.438.1407X</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					