



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

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000003658		
1. Entity Name NORTH MIAMI BEACH POLICE OFFICERS ASSOCIATION, INC.		
Principal Place of Business 19200 W COUNTRY CLUB DR MIAMI, FL 33180 US	Mailing Address 19200 W COUNTRY CLUB DR AVENTURA, FL 33180 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FOGELGREN, DEIDRE 19200 W. COUNTRY CLUB DR AVENTURA, FL 33180		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SILBERMAN, RICHARD 16901 NE 19TH AVE N MIAMI BCH, FL 33162	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MAUER, MICHAEL 19200 W COUNTRY CLUB DR AVENTURA, FL 33180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOMER, LARRY 16901 NE 19 AVE N MIAMI BCH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES FOGELGREN, DEIDRE A 19200 W COUNTRY CLUB DR AVENTURA, FL 33180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		6-30-04 3054668977 Date Daytime Phone #



06302004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0402410	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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07/07/04-80033-013 61.25