

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

**FILED  
Jan 12, 2004  
Secretary of State**

DOCUMENT# N93000004338

Entity Name: JUBILEE COMMUNITY DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

1800 SW 1ST STREET  
SUITE 206  
MIAMI, FL 33135 US

**New Principal Place of Business:**

**Current Mailing Address:**

1800 SW 1ST STREET  
SUITE 206  
MIAMI, FL 33135 US

**New Mailing Address:**

FEI Number: 65-0441965      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GUDORF, FRANCIS V  
1800 SW 1ST ST  
SUITE 206  
MIAMI, FL 33135

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CHAMBERS, ROBERT A  
Address: 2701 LEJEUNE RD, #325  
City-St-Zip: CORAL GABLES, FL 33146

Title: P ( ) Delete  
Name: GUDORF, FRANCIS V  
Address: 1800 SW 1ST ST, #206  
City-St-Zip: MIAMI, FL 33135

Title: DAS ( ) Delete  
Name: HAMIDULLAH, HANEEF QAID  
Address: 1939 NW 81ST STREET  
City-St-Zip: MIAMI, FL 33147

Title: DS ( ) Delete  
Name: FIKE, DAVID  
Address: 560 HUNTING LODGE DRIVE  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: DVC ( ) Delete  
Name: MASTRUCCI, JOSEPH  
Address: 4080 KIAORA STREET  
City-St-Zip: MIAMI, FL 33133

Title: DT ( ) Delete  
Name: TABIO, MARTHA S  
Address: 1801 SW 1ST STREET  
City-St-Zip: MIAMI, FL 33135

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: FIKE, DAVID  
Address: 188 WHITEHORN DRIVE  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID FIKE

DS

01/12/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date