## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N9400000745

Entity Name: SOUL REAPERS, INC.

City-St-Zip:

MIAMI, FL 33169

FILED Apr 27, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1611 NW 12TH AVE R312 A&B MIAMI, FL 33136 **Current Mailing Address: New Mailing Address:** P O BOX 640100 N MIAMI BEACH, FL 331640100 US FEI Number: 65-0469363 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HARRIS, JEANNETTA 5910 N.W. 21ST AVENUE MIAMI, FL 33142 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HARRIS, JEANNETTA Name: Name: Address: 5910 NW 21ST AVE Address: City-St-Zip: MIAMI, FL 33142 City-St-Zip: Title: Title: ( ) Delete () Change () Addition FERGUSON, CLEVEION JR. Name: Name: Address: 6532 FLETCHER STREET Address: City-St-Zip: HOLLYWOOD, FL 33023 City-St-Zip: Title: () Delete Title: () Change () Addition FERGUSON, JOYCELYN Name: Name: Address: 6532 FLETCHER STREET Address: City-St-Zip: HOLLYWOOD, FL 33023 City-St-Zip: Title: DT ( ) Delete Title: () Change () Addition Name: NASH, MILDRED Name: Address: 14214 NE 3 CT ST Address: City-St-Zip: N MIAMI, FL 33161 City-St-Zip: Title: Title: ( ) Delete () Change () Addition CAMPBELL, JULIE Name: Name: 18430 NW 5 AVE Address: Address:

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.

City-St-Zip:

SIGNATURE: CLEVEION FERGUSON JR. D 04/27/2004