

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100031594301

08/02/04--01015--001 **70.00



DOCUMENT # N94000004227
1. Entity Name
MOVERS, INC.



Principal Place of Business
6101 NW 7TH AVE
MIAMI, FL 33127 US

Mailing Address
6112 NW 7TH AVE
MIAMI, FL 33127 US

2. Principal Place of Business
7186 NW 14th Place
Suite, Apt. #, etc.

3. Mailing Address
7186 NW 14th Place
Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33147

Country
USA

Zip
33147

Country
USA

07282004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0517325

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MCRAE, GEORGE DR
1701 NW 66TH ST
MIAMI, FL 33147

7. Name and Address of New Registered Agent
Name
Marc Anthony Douthit, Esq.
Street Address (P.O. Box Number is Not Acceptable)
550 NE 124th Street
City
Miami FL Zip Code
33161

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 *Marc Anthony Douthit* Marc Anthony Douthit 7.29.04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DP	TD	SD	Delete
	SMITH, ANDRE	15195 NE 2ND AVE	MIAMI, FL 33162	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Delete
	OLIVER, RALPHILIA	5605 NW 7TH AVE	MIAMI, FL 33127	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Delete
	GLOVER, JOANN	6101 NW 7TH AVE	MIAMI, FL 33127	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Delete
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Delete
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Delete
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
Director	Shirlene Crossiter	7186 NW 14th Place	Miami, FL 33147	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	William Perry	7186 NW 14th Place	Miami, FL 33147	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Dewey Knight, III	7186 NW 14th Place	Miami, FL 33147	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Darryl Holzenzaph	7186 NW 14th Place	Miami, FL 33147	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Roy Phillips	7186 NW 14th Place	Miami, FL 33147	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Eloise Black	7186 NW 14th Place	Miami, FL 33147	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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]* 07/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #