2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004
Secretary of State

DOCUMENT# N94000005799

Entity Name: MINORITY/WOMEN BUSINESS ENTERPRISE ALLIANCE, INC.

Current Principal Place of Business:

625 E. COLONIAL DRIVE
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

625 E. COLONIAL DRIVE
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 59-3286950 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN-HARRIS, ANN P
M/WBE ALLIANCE INC.
625 E. COLONIAL DRIVE
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

BROWN PAYNE, ANN P
M/WBE ALLIANCE INC.
625 E. COLONIAL DRIVE
ORLANDO, FL 32803 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: ANN BROWN PAYNE 01/21/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DC ( ) Delete
Name: ZAK, RODERICK R REV
Address: 625 E. COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32803

Title: VP ( ) Delete
Name: SEPULVEDA, GEOVANNY
Address: 625 E. COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32803

Title: PCED ( ) Delete
Name: BROWN PAYNE, ANN H
Address: 625 E. COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32803

Title: VCD ( ) Delete
Name: STRATTON, JAN
Address: 625 E COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32803

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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

Title: D/SE ( ) Change (X) Addition
Name: GOWAR, PAUL
Address: 625 E. COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32803

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: ANN BROWN PAYNE PRES 01/21/2004
Electronic Signature of Signing Officer or Director Date