2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 26, 2004 8:00 am DOCUMENT # N95000003192 **Secretary of State** 1. Entity Name 02-26-2004 90003 038 \*\*\*\*70.00 RISING SON CADET HUMAN GROWTH AND DEVELOPMENT FOUNDATION INC. Principal Place of Business Mailing Address 2291 NW 86 ST 2291 N.W. 86TH STREET MIAMI FL 33147 MIAMI FL 33147 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 65-0615162 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EKON, CONSTANCE T Street Address (P.O. Box Number is Not Acceptable) 2291 N.W. 86TH STREET MIAMI FL 33147 City Zip Code 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 Signature, typed or printed name of registered agent and fittle if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE Change ☐ Delete ☐ Addition EKON, CONSTANCE TALA NAME EKON, CONSTANCE TALAHA 229 NW86 St. Mami F1.33147 2291 N.W. 86TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33147 CITY-ST-ZIP CITY-ST-ZIP VP PABRAMS, NYEMAH TITLE -□ Delete TITLE Change ☐ Addition ABRAMS, NYEMAH A NAME 1020N.W. 155 & Lane 1020 NW 155 LANE STE STREET ADDRESS STREET ADDRESS MIAMI FL 33169 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete ☐ Addition EKON, BASSEY E NAME NAME. 2291 N.W. 86TH STREET STREET ADDRESS STREET ADDRESS ami Fl.33147 **MIAMI FL 33147** CITY-ST-ZIP CITY-ST-ZIP DS Delete Change TITLE TITLE Addition BRYANT, EDGAR NAME NAME 1020 NW 155 LANE STE STREET ADDRESS STREET ADDRESS MIAMI FL 33169 CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 ways among the same reported.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Telk 33, 3004
Daylime Phone #

FILED