

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Sep 07, 2004
Secretary of State**

DOCUMENT# N96000000540

Entity Name: MIAMI/VIRGIN ISLANDS MOCKO JUMBIE STILT DANCERS INCORPORATED

Current Principal Place of Business:

10455 S.W. 146 TERRACE
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 971726
MIAMI, FL 331971726

New Mailing Address:

FEI Number: 65-0643224 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROOKS, VERNON
10455 S.W. 146TH TERRACE
MIAMI, FL 33176 US

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: PD () Delete
Name: BROOKS, VERNON
Address: 10455 S.W. 146TH TERRACE
City-St-Zip: MIAMI, FL 33176

Title: VD () Delete
Name: BONELLI, DORIS
Address: 10455 S.W. 146TH TERRACE
City-St-Zip: MIAMI, FL 33176

Title: TD () Delete
Name: BONELLI, RAYMOND
Address: 10455 S.W. 146TH TERRACE
City-St-Zip: MIAMI, FL 33176

Title: SD () Delete
Name: DONOVAN, CLAUDETTE
Address: 10455 S.W. 146TH TERRACE
City-St-Zip: MIAMI, FL 33176

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:

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: VERNON BROOKS

PD

09/07/2004

Electronic Signature of Signing Officer or Director

Date