

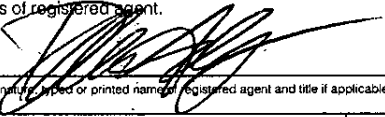
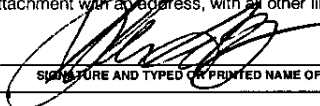


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90553 030 ****61.25

DOCUMENT # N96000000831 1. Entity Name MANY VOICES: ONE COMMUNITY, INC.					
Principal Place of Business C/O CENTER FOR LABOR RESEACH FLORIDA INT'L UNIV., UNIVERSITY PARK MIAMI, FL 33199				Mailing Address C/O CENTER FOR LABOR RESEACH FLORIDA INT'L UNIV., UNIVERSITY PARK MIAMI, FL 33199	
2. Principal Place of Business 150 SE 2nd Ave Suite, Apt. #, etc. Suite 411 City & State Miami, FL Zip 33131		3. Mailing Address 150 SE 2nd Ave Suite, Apt. #, etc. Suite 411 City & State Miami, FL Zip 33131			
4. FEI Number 65-0654926-90-0046546				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADDY, DAWN C/O CENTER FOR LABOR RESEACH FLORIDA INT'L UNIV., UNIVERSITY PARK MIAMI, FL 33199			7. Name and Address of New Registered Agent Name Dawn Addy, NCCJ Street Address (P.O. Box Number is Not Acceptable) 150 SE 2nd Ave Suite 411 City Miami FL Zip Code 33131		
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  _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADDY, DAWN FLA INT'L UNIV., LABOR RES & ST, #304 MIAMI, FL 33199	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REGELADO, MARCUS 111 NW 1ST STREET, OFFICE OF EOB MIAMI, FL 33128	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROMERO, LINDA 6555 NW 36 STREET SUITE 214 MIAMI, FL 33166	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TSAI, JOHN 8100 SW 92ND CT MIAMI, FL 33173	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 2/12/04				Daytime Phone # 305-755-6096	



IRS Department of the Treasury
Internal Revenue Service

Attachment

OGDEN UT 84201-0034

OMB Clearance No.: 1545-0047

In reply refer to: 0426046543
Dec. 22, 2003 LTR 147C E
90-0046546 200212 67 000

02006

BODC: SB

4007121
#1196000000831

MANY VOICES: ONE COMMUNITY
FIU CENTER FOR LABOR STUDIES 3RD FL
MIAMI FL 33199

Employer Identification Number: 90-0046546

Dear Taxpayer:

We received your Form 990, Return of Organization Exempt From Income Tax under employer identification number (EIN) 65-0654926. Our records show you were assigned EIN 90-0046546 so we are processing your tax return using that EIN. You should file using EIN 90-0046546 for any future tax periods.

If you have any questions, please call us toll free at 1-877-829-5500.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

Sincerely yours,

Ms N. Skinner

Ms. N. Skinner
Dept. Manager, Input Correction

Enclosure(s):
Copy of this letter