2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003100

City-St-Zip:

AVENTURA, FL 33180

Entity Name: JOHN I. SMITH FOUNDATION, INC.

FILED Mar 08, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 18350 N.W. 2ND AVE. 1300 NW 167TH STREET SUITE 600 SUITE 1 MIAMI, FL 33169 MIAMI, FL 33169 **Current Mailing Address: New Mailing Address:** 18350 N.W. 2ND AVE. 1300 NW 167TH STREET SUITE 600 SUITE 1 MIAMI, FL 33169 MIAMI, FL 33169 FEI Number: 65-0677200 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: CUSON, R. TERRY CUSON, R. TERRY 18350 N.W. 2ND AVE. 1300 NW 167TH STREET SUITE 600 SUITE 1 MIAMI, FL 33169 US MIAMI, FL 33169 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: R. TERRY CUSON 03/08/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CUSON, R. TERRY Name: Name: 18350 N.W. 2ND AVE., #600 Address: Address: City-St-Zip: MIAMI, FL 33169 City-St-Zip: Title: VPD () Delete Title: () Change () Addition ROMANIK, TOM Name: Name: Address: 17601 N.W. 2ND AVE. Address: City-St-Zip: MIAMI, FL 33169 City-St-Zip: Title: () Delete Title: (X) Change () Addition KRAWITZ, TED Name: MCCARTNEY, SAMUEL Name: 1050 WILSHIRE CIRCLE WEST Address: Address: 3037 PERIWINKLE CIRCLE City-St-Zip: PEMBROKE PINES, FL 33027 City-St-Zip: DAVIE, FL 33328 Title: TD () Delete Title: () Change () Addition Name: LINDGREN, KEITH Name: Address: 105 N.E. 183 ST. Address: City-St-Zip: MIAMI, FL 33179 City-St-Zip: Title: COO () Delete Title: COO (X) Change () Addition RANSFORD, JOEL M RANSFORD, JOEL M Name: Name: 3530 MYSTIC POINTE DR. PHS 3530 MYSTIC POINTE DR. PH 5 Address: Address:

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.

City-St-Zip:

AVENTURA, FL 33180

SIGNATURE: JOEL M. RANSFORD COO 03/08/2004