2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004
Secretary of State

DOCUMENT# N96000003225

Entity Name: CISM-REGION II, INC.

Current Principal Place of Business:

5680 SW 87 AVENUE
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

5680 SW 87 AVENUE
MIAMI, FL 33173

New Mailing Address:

FEI Number: 25-0755599 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DURAN, NATALIE
5680 SW 87 AVENUE
MIAMI, FL 33173

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:	PT	( ) Delete
Name:	ROSSBY, CARLA	
Address:	16501 SW 91 AVENUE	
City-St-Zip:	MIAMI, FL 33157	
Title:	VT	( ) Delete
Name:	SOUFFRANT, NEAL	
Address:	1151 NW 7ST	
City-St-Zip:	MIAMI, FL 33136	
Title:	T	( ) Delete
Name:	ARTHUR, VELDORA	
Address:	1151 NW 7 ST.	
City-St-Zip:	MIAMI, FL 33136	
Title:	STC	( ) Delete
Name:	DURAN, NATALIE	
Address:	5680 SW 87 AVENUE	
City-St-Zip:	MIAMI, FL 33173	
Title:	D	( ) Delete
Name:	MESA, LEO	
Address:	1601 N. PALM AVE. SUITE 311	
City-St-Zip:	PEMBROKE PINES, FL 33026	
Title:	D	( ) Delete
Name:	RODRIGUEZ, ANGELA	
Address:	420 S DIXIE HWY STE 4C	
City-St-Zip:	CORAL GABLES, FL 33134	

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:	( ) 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: NATALIE DURAN STC 02/19/2004

Electronic Signature of Signing Officer or Director — Date