2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2005 08:00 AM Secretary of State

| ANNUAL REPORT | | | | | | 11,200 | |
|---|---|--|------------------------------------|--------------------------|--|----------------------------------|--------------------------|
| 1. Entity Nam | MENT # N96000033 | | | 50 | ecretar | y of Sta | |
| Principal Place 819 J A ELY DANIA, FL 3 | | Mailing Address C/O JOSIE HANSEN 3571 N.W. 18TH PLACE FT, LAUDERDALE, FL 33311 | |] |)) [| | |
| E | OO NOT WRITE | CE | 04012005 N 4. FEI Number 31-14902 | | CR2E037 (1 | 0/03) Applied For Not Applicable | |
| | | | onen i a a angele a com a N | 5. Certificate of | Status Desired | | 5 Additional leguired |
| | 6. Name and Address of Current Re | | | <u>,</u> | | | |
| | JOSIE . 18TH PLACE ERDALE, FL 33311 | | - | NOT W | | | |
| | named entity submits this statement for the constant of registered agent. Signature, typed or printed name of registered agent and | PARTY IN THE PARTY | ed office or register | ٠ ١ ١ | in the State of Flor | ida. I am familia | r with, and accept |
| Filing Fee is \$61.25 Due by May 1, 2005 9. Election Campaign Finar Trust Fund Contribution. | | | | .00 May Be ed to Fees | | - 1- | |
| 10. | OFFICERS AND DI | RECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HANSEN, JOSIE 3571 N.W. 18TH PLACE FT. LAUDERDALE, FL. 33311 | | | | <u> </u> | | |
| NAME STREET ADDRESS CITY-ST-ZIP | D WILLIAMS, VANESSA 3571 N.W. 18TH PLACE FT. LAUDERDALE, FL 33311 | | | | 04/14/05- | -8 0042-00: | 3 61.25 |
| NAME ROBINSON, TOMMIE STHEET ADDRESS 819 SW J.A. ELY BLVD CITY-ST-ZIP DANIA, FL 33004 | | | | DO 1 | W TOP | RITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DEAS, JEFFREY 819 SW J.A. ELY BLVD DANIA, FL 33004 | | | IN T | HIS SF | PACE | |
| TITLE NAME STREET ADDRESS | D LEWIS, CHARLES L 1876 N.W. 107TH ST. | _ | | | | | |

12. I hereby certify that the information supplied with this filling 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 empewered 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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MIAMI, FL 33147

Date , Daytime Phone ≠