


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90003 039 ****61.25

DOCUMENT # N96000004883					
1. Entity Name THE FLORIDA CARIBBEAN CHAPTER OF AMERICAN BAMBOO SOCIETY, INC.					
Principal Place of Business POST OFFICE BOX 23686 FORT LAUDERDALE, FL 33307		Mailing Address POST OFFICE BOX 23686 FORT LAUDERDALE, FL 33307			
2. Principal Place of Business 7810 SW 118 Street		3. Mailing Address 7810 SW 118 St			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami, Florida		City & State Miami, FL		4. FEI Number NOT APPLICABLE	
Zip 33156		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAVERFIELD, ELIZABETH ANN 755 TIZIANO AVENUE CORAL GABLES, FL 33143			7. Name and Address of New Registered Agent Name Cindy Rich Street Address (P.O. Box Number is Not Acceptable) 7810 SW 118 St City Miami FL Zip Code 33156		
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 <u><i>Cindy Rich</i></u> DATE <u>1-11-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	D CAPRON, MEL 48 NORTHEAST 28 COURT WILTON MANORS, FL 33334	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO Cindy Rich 7810 SW 118 St Miami, FL 33156	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD DODGE, PETER 2700 SOUTHWEST 5TH AVENUE MIAMI, FL 33129	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D George Cole 715 NE 119 St Biscayne Park, FL 33161	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DURKO, JESSE 5151 SOUTHWEST 70 AVENUE DAVIE, FL 33314	<input checked="" 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	PD HAVERFIELD, ELIZABETH A 755 TIZIANO AVENUE CORAL GABLES, FL 33143	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Robert Saporito 4871 NW 15 St Coconut Creek, FL 33063	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUALA, GERALD III 11935 OLD CUTLER ROAD MIAMI, FL 33156	<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	D HOLMES, DAN 23051 S.W. 182ND AVE HOMESTEAD, FL	<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: <u><i>Cindy Rich</i></u>			DATE: <u>1-11-04</u> PHONE: <u>305-378-9449</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		