2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006512

Entity Name: SOUTH FLORIDA AFTER-SCHOOL ALL-STARS, INC.

FILED May 21, 2004 Secretary of State

Entity Name: 0001111 EONIDATA TEN OCHOOLAGE 017110, INO.

	rincipal Place o	f Business:	New Princi	oal Place of Business:
3010 NW [.] MIAMI, FL	17TH AVE 33142		2800 BISCA SUITE 530 MIAMI, FL 3	
Current M	ailing Address	:	New Mailin	g Address:
3010 NW ⁷ MIAMI, FL	17TH AVE 33142		2800 BISCA SUITE 530 MIAMI, FL 3	
El Number	: 65-0715767	FEI Number Applied For ()	FEI Number Not Applic	able () Certificate of Status Desired (X)
Name and	Address of Cu	rrent Registered Agent:	Name and A	address of New Registered Agent:
KNOFSKY 3010 NW MIAMI, FL	17TH AVENUE		KNOFSKY, 2800 BISCA SUITE 530 MIAMI, FL 3	YNE BLVD.
	named entity su e of Florida.	bmits this statement for the pu	rpose of changing its	registered office or registered agent, or both
SIGNATU				05/21/2004
	Electronic	Signature of Registered Agen	t	Date
OFFICER	S AND DIRECT	ORS:	ADDITIONS	CHANGES TO OFFICERS AND DIRECTO
Fitle: Name: Address: City-St-Zip:	CD () D DIAZ, RAUL J C/O 3010 NW 17 MIAMI, FL 33142		Title: Name: Address: City-St-Zip:	() Change () Addition
=	VCD ()D	alata		() Change () Addition
Fitle: Name: Address: City-St-Zip:	DUBOSE, SHERV C/O MAPP 19 W MIAMI, FL 33128	FLAGLER ST	Title: Name: Address: City-St-Zip:	() Ghange () Addition
Name: Address: Dity-St-Zip: Fitle: Name: Address:	DUBOSE, SHERV C/O MAPP 19 W MIAMI, FL 33128 PD () D ADORNO, HENRY	VOOD FLAGLER ST elete	Name: Address:	() Change () Addition
Name: Nddress:	DUBOSE, SHERV C/O MAPP 19 W MIAMI, FL 33128 PD () D ADORNO, HENRY 2601 S BAYSHOF	VOOD FLAGLER ST elete ' N RE DR, STE. 1600 elete	Name: Address: City-St-Zip: Title: Name: Address:	
Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	DUBOSE, SHERV C/O MAPP 19 W MIAMI, FL 33128 PD ()D ADORNO, HENRY 2601 S BAYSHOF MIAMI, FL SD ()D IRVINE, WILLIAM 275 NW 2ND ST.	VOOD FLAGLER ST elete 'N RE DR, STE. 1600 elete	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	()Change ()Addition

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: RAUL J. DIAZ CD 05/21/2004