


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000000034</b>	
1. Entity Name JOHAN DE VRIES FOUNDATION, INC.	

Principal Place of Business 290-174TH ST. 2012 SUNNY ISLES BEACH, FL 33160	Mailing Address 290-174TH ST. 2012 SUNNY ISLES BEACH, FL 33160
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DO NOT WRITE IN THIS SPACE



03172004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0721284	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  BRADFORD, JAMES N JR 2100 W 76TH ST STE 211 HIALEAH, FL 33016
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000112828 04/14/04-80039-009 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DE VRIES, LORETTA 290-174TH ST. SUNNY ISLES BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV LAMBE, SHERENE 7737 HARBOUR BLVD MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SDT ESTEVEZ, STELLA 20291 NE 30TH AVE. APT. 105 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUNDY, NIGEL REV 590 NW 159TH ST MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARTER, GLADYS 1018 SOUTH NORTHLAKE DR HOLLYWOOD, FL 33026
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ORTIZ, CARMEN 6305 CABALLERO BLVD. MIAMI, FL 33146

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b> 	_____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # _____
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