

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004677

FILED
May 04, 2004
Secretary of State**Entity Name:** JUNGLE HABITAT, INC.**Current Principal Place of Business:**1111 PARROT JUNGLE TRAIL
MIAMI, FL 33132**New Principal Place of Business:****Current Mailing Address:**1111 PARROT JUNGLE TRAIL
MIAMI, FL 33132**New Mailing Address:****FEI Number:** 77-0004677**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LEVINE, MARY H
266 S COCONUT LANE
MIAMI, FL 33139 US**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:** D () Delete
Name: MEYERS, MARSHALL
Address: 3943 MASSACHUSETT AVE NW
City-St-Zip: WASHINGTON, DC 20036**Title:** DST () Delete
Name: LEVINE, MARY
Address: 266 S. COCONUT LANE
City-St-Zip: MIAMI, FL 33139**Title:** DVP () Delete
Name: TODD, LESLIE A
Address: 14545 SW 84TH AVENUE
City-St-Zip: MIAMI, FL 33158**Title:** DP () Delete
Name: IBARRA, BARBARA A
Address: 11035 KILLIAN PARK RD
City-St-Zip: MIAMI, FL 33156**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:

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: MARY H. LEVINE

DST

05/04/2004

Electronic Signature of Signing Officer or Director

Date