

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2004 8:00 am
Secretary of State

06-02-2004 90004 005 ****70.00

44046146



05252004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0795784	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FABRE, GEORGE DR
5557 WEST OAKLAND BLVD #250
LAUDERHILL, FL 33317
*4846 N. UNIVERSITY drive
240
Lauderhill, FL. 33351*

**DO NOT WRITE
IN THIS SPACE**

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 *Dr. George Fabre, Sr.* (Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating))

5/25/04
DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME FABRE, GEORGE
STREET ADDRESS 4501 N STATE RD 7
CITY-ST-ZIP LAUDERDALE LAKES, FL 33319

TITLE D
NAME FABRE, YOLETTE
STREET ADDRESS 4501 N STATE RD 7
CITY-ST-ZIP LAUDERDALE LAKES, FL 33319

TITLE D
NAME SAINT PIERRE, MAUDELINE
STREET ADDRESS 4501 N STATE RD 7
CITY-ST-ZIP LAUDERDALE LAKES, FL 33319

TITLE D
NAME INNOCENT, DANIELLE
STREET ADDRESS 4501 N STATE RD 7
CITY-ST-ZIP LAUDERDALE LAKES, FL 33319

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 live empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/04 (954) 735-8051
Date Daytime Phone #