

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90019 013 \*\*\*\*61.25

**DOCUMENT # N98000002165**

1. Entity Name  
**DADE COUNTY FIREFIGHTERS BENEVOLENT BENEFIT ASSOCIATION, INC.**

Principal Place of Business: P.O. BOX 1252 SOUTH MIAMI FL 33243  
Mailing Address: P.O. BOX 1252 SOUTH MIAMI FL 33243

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: **8000 NW 21 St**  
Suite, Apt. #, etc.: **226**

City & State: **Miami FL**

Zip: **33122** Country: **USA**



MOORE CR2E037 (11/03)

4. FEI Number: **23-7034884** Applied For:  Not Applicable:

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **MARTIN, JOHN 14501 SW 161ST STREET MIAMI FL 33177**

7. Name and Address of New Registered Agent: Name: **John Soeder** Street Address: **8000 NW 21 St #226** City: **Miami** FL Zip Code: **33122**

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: *[Signature]* DATE: **2/25/04**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25 Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution:  \$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: D NAME: MARTIN, JOHN STREET ADDRESS: P.O. BOX 1252 CITY-ST-ZIP: SOUTH MIAMI FL 33243	<input checked="" type="checkbox"/> Delete	TITLE: <b>Mike Thompson Director</b> NAME: <b>8000 NW 21 St #226</b> STREET ADDRESS: <b>Miami FL 33122</b> CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: BURCHAM, RUSS STREET ADDRESS: P.O. BOX 1252 CITY-ST-ZIP: SOUTH MIAMI FL 33243	<input checked="" type="checkbox"/> Delete	TITLE: <b>Richard Rebozo</b> NAME: <b>8000 NW 21 St #226</b> STREET ADDRESS: <b>Miami FL 33122</b> CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: SOEDER, JOHN STREET ADDRESS: P.O. BOX 1252 CITY-ST-ZIP: SOUTH MIAMI FL 33243	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: ADAMS, JIM STREET ADDRESS: P.O. BOX 1252 CITY-ST-ZIP: SOUTH MIAMI FL 33243	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: FRANCKEWICH, MIKE STREET ADDRESS: 19805 SW 87 PL CITY-ST-ZIP: MIAMI FL 33157	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Delete			<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 another I am empowered.

SIGNATURE: *[Signature]* DATE: **2/25/04** DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR