

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 19, 2004
Secretary of State**

DOCUMENT# N98000002781

Entity Name: SOUTH FLORIDA EDUCATIONAL LAW CENTER, INC.

Current Principal Place of Business:

6591 SWEET MAPLE LANE
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

6591 SWEET MAPLE LANE
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 65-0836525 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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: PD () Delete
Name: RONAN-KHESSALI, LORI
Address: 6591 SWEET MAPLE LANE
City-St-Zip: BOCA RATON, FL 33433

Title: VD () Delete
Name: ROWAN-KHESSALI, LORI
Address: 6591 SWEET MAPLE LANE
City-St-Zip: BOCA RATON, FL 33433

Title: STD () Delete
Name: ROWAN-KHESSALI, LORI
Address: 6591 SWEET MAPLE LANE
City-St-Zip: BOCA RATON, FL 33433

Title: VP () Delete
Name: ROWAN-KHESSALI, LORI
Address: 6591 SWEETMAPLE LANE
City-St-Zip: BOCA RATON, FL 33432

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: LORI RONAN-KHESSALI

PD

05/19/2004

Electronic Signature of Signing Officer or Director

_____ Date