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Aug 30, 2004 8:00 am
Secretary of State
05-07-2004 90115 027 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

5/7/5

DOCUMENT # N98000002962

1. Entity Name
PILGRIMSTART TRADE CENTER INC.

Principal Place of Business	Mailing Address
3500 N STATE RD 7 STE 290 FT LAUDERDALE, FL 33319	3500 N STATE RD 7 STE 290 FT LAUDERDALE, FL 33319

[redacted]

05012004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: APPLIED FOR 80-0106251 — Applied For / Not Applicable

6. Certificate of Status Desired ☐ $8.75 Additional Fee Required

5. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HUNTER, DWETTA 3500 N STATE RD 7 SUITE 290 FORT LAUDERDALE, FL 33319	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: _____ 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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE P NAME HUNTER, DWETTA STREET ADDRESS 1689 S W 116TH AVE CITY-ST-ZIP PEMBROKE PINES, FL 33319 President ☐ Delete	TITLE [redacted] ☐ Change ☒ Addition
TITLE D NAME HUNTER, ERNESTA STREET ADDRESS 6813 CHARLIE WALKER DR CITY-ST-ZIP ODESSA, FL 33556 Treasurer ☒ Delete	TITLE NAME Robin Lovett STREET ADDRESS 2033 S.W. 117th Ave. V.P CITY-ST-ZIP Miramar, Fl 33025 DN ☐ Change ☒ Addition
TITLE D NAME REID, DERRICK STREET ADDRESS 536 N W 2ND TERR CITY-ST-ZIP DEERFIELD BCH, FL 33441 Vice President Director ☐ Delete	TITLE NAME Diana Graham STREET ADDRESS 761 N.E. 52nd St CITY-ST-ZIP Deerfield Bch, Fl Secretary ☐ Change ☒ Addition
TITLE D NAME BALOM, GLORIA STREET ADDRESS 538 N W 2ND TERR CITY-ST-ZIP DEERFIELD BCH, FL 33441 Vice President Director ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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, trustee or other court-appointed fiduciary; 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.

SIGNATURE: [signature] [signature] 5-1-04 8-4-04
SIGNATURE AND TYPED OR PRINTED NAME OF REQUIRED OFFICER OR DIRECTOR — Date — Daytime Phone #