
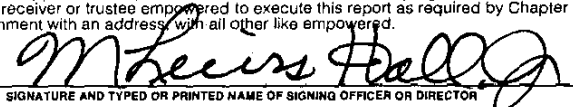


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90055 001 ****70.00

DOCUMENT # N98000003916 1. Entity Name MIAMI FOUNDATION FOR CANCER RESEARCH, INC.			
Principal Place of Business 25 S.E. SECOND AVE., STE. 1105 MIAMI, FL 33131		Mailing Address 25 S.E. SECOND AVE., STE. 1105 MIAMI, FL 33131	
2. Principal Place of Business 306 Alcazar Ave. Suite, Apt. #, etc. Suite 301 City & State Coral Gables, FL 33134 Zip Country 33134 USA		3. Mailing Address 306 Alcazar Ave. Suite, Apt. #, etc. Suite 301 City & State Coral Gables, FL 33134 Zip Country 33134 USA	
4. FEI Number 65-0850693		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALL, M. LEWIS JR 25 S.E. SECOND AVE., STE. 1105 MIAMI, FL 33131 306 Alcazar Ave. #301 Coral Gables, FL 33134		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP DS MANNING, DORIS 40742 SW 117TH STREET MIAMI, FL 33176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP DS Manning, Doris 306 Alcazar Ave., #301 Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DC HALL, MURIEL F 25 S.E. SECOND AVE., STE. 1105 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP DC Hall, Muriel F. 306 Alcazar Ave., #301 Coral Gables, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD HALL, M. LEWIS JR 25 S.E. SECOND AVE., STE. 1105 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PD Hall, M. Lewis Jr. 306 Alcazar Ave., #301 Coral Gables, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DT HALL, LEWIS M III 1410 LADUE LANE SARASOTA, FL 34231	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP DT Hall, Lewis M. III 306 Alcazar Ave., #301 Coral Gables, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DS MANNING, DORIS 25 S.E. SECOND AVE. # 1105 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP DS Manning, Doris 306 Alcazar Ave., #301 Coral Gables, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 all other like empowered.			
SIGNATURE: 		Date: 1/20/04 Time: 305-4428300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			