



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90028 028 \*\*\*\*70.00

<b>DOCUMENT # N98000004354</b> 1. Entity Name <b>DANIA BEACH MAIN STREET, INC.</b>					
Principal Place of Business <b>PO BOX 1398 DANIA BEACH, FL 33004 US</b>			Mailing Address <b>PO BOX 1398 DANIA BEACH, FL 33004 US</b>		
2. Principal Place of Business <b>102 W. DANIA BEACH BLVD</b> Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State <b>DANIA BEACH, FL</b>		City & State  		03232004 Chg-NP CR2E037 (10/03)	
Zip <b>33004</b>		Country <b>USA</b>		4. FEI Number <b>65-0859750</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent <b>TISDALE, TOM 102 W DANIA BEACH BLVD DANIA BEACH, FL 33004</b>			7. Name and Address of New Registered Agent Name <b>JOHN ETTLING</b> Street Address (P.O. Box Number is Not Acceptable) <b>102 W. DANIA BEACH BLVD.</b> City <b>DANIA BEACH FL</b> Zip Code <b>33004</b>		
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 <i>John Etting</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>EXECUTIVE DIRECTOR</b> <small>(NOTE: Registered Agent signature required when reappointing)</small>		<b>3-23-04</b> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>FEELY, PATRICK</b> <b>66 N FEDERAL HWY</b> <b>DANIA BEACH, FL 33004</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>JUNE SILVERNALE</b> <b>275 SW 9 STREET</b> <b>DANIA BEACH, FL 33004</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>NOBLE, GENE</b> <b>3 N FEDERAL HWY</b> <b>DANIA BEACH, FL 33004</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>GEORGE JASON</b> <b>4549 SW 37 AVE</b> <b>FORT LAUDERDALE, FL 33312</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JASON, GEORGE</b> <b>4549 SW 37 AVE</b> <b>FORT LAUDERDALE, FL 33312</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>JUDITH JENSEN</b> <b>46 SE 6 STREET</b> <b>DANIA BEACH, FL 33004</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>ETTLING, JOHN</b> <b>1068 SE 6 AVENUE</b> <b>DANIA BEACH, FL 33004</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>MICHAEL T. PYE</b> <b>11 N. FEDERAL HIGHWAY</b> <b>DANIA BEACH, FL 33004</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SILVERNALE, JUNE</b> <b>275 SW 9 ST</b> <b>DANIA BEACH, FL 33004</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VICTORIA LAUBACH</b> <b>4601 SW 42 TERRACE</b> <b>FORT LAUDERDALE, FL 33314</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LAUBACH, VITORIA</b> <b>4601 SW 42 TERR.</b> <b>FORT LAUDERDALE, FL 33314</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROSE LIZANA</b> <b>214 SE 2ND STREET</b> <b>DANIA BEACH, FL 33004</b>	<input type="checkbox"/> Change <input checked="" 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: <i>Michael T. Pye</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>MICHAEL T. PYE</b>		<b>3-23-04 954.921.7604</b> <small>Date Daytime Phone #</small>	