2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# N98000004747

Entity Name: THE PAUL ABRAMS ENDOWMENT PROJECT, INC.

Current Principal Place of Business:

2587 NORTHEAST 182ND TERRACE
NORTH MIAMI BEACH, FL 33180

New Principal Place of Business:

Current Mailing Address:

2587 NORTHEAST 182ND TERRACE
NORTH MIAMI BEACH, FL 33180

New Mailing Address:

FEI Number: 65-0857633 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BALOG, ANDREW E
C/O GREENBERG TRAURIG, P.A.
1221 BRICKELL AVENUE
MIAMI, FL 33131 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:	D	( ) Delete
Name:	WILLIAMS, IFE	
Address:	3251 S. MIAMI AVENUE	
City-St-Zip:	MIAMI, FL 33129	
Title:	D	( ) Delete
Name:	MERREN, STACEY	
Address:	840 WREN AVENUE	
City-St-Zip:	MIAMI SPRINGS, FL 33166	
Title:	PD	( ) Delete
Name:	KOFSKY, GALE	
Address:	2587 N.E. 182 TERRACE	
City-St-Zip:	N. MIAMI BEACH, FL 33160	
Title:	D	( ) Delete
Name:	HECHAVARRIA, MRTIMER	
Address:	7891 W FLAGLER ST #168	
City-St-Zip:	MIAMI, FL 33141	
Title:	D	( ) Delete
Name:	AZCUY, RAY	
Address:	11500 GRIFFING BLVD	
City-St-Zip:	BISCAYNE PARK, FL 33161	
Title:	D	(X) Delete
Name:	NEHANIV, NICHOLAS	
Address:	561 NW 32 ST	
City-St-Zip:	MIAMI, FL 33127	

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:	D	(X) Change ( ) Addition
Name:	HECHAVARRIA, MORTIMER	
Address:	7891 W FLAGLER ST #168	
City-St-Zip:	MIAMI, FL 33141	
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: DR. GALE KOFSKY PRES 04/27/2004
Electronic Signature of Signing Officer or Director — Date