

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90281 018 ****70.00

DOCUMENT # N98000004972	
1. Entity Name BROTHERS OF THE SAME MIND, INC.	

Principal Place of Business 4055 N.W. 17TH AVENUE MIAMI, FL 33142	Mailing Address 4055 N.W. 17TH AVENUE #2 MIAMI, FL 33142
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94077083

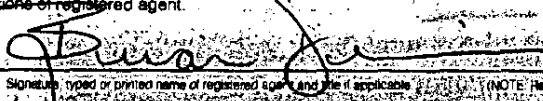


2. Principal Place of Business SAME		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04232004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent BLAIR, ARTHUR M III 8800 NW 11 AVE MIAMI, FL 33147		7. Name and Address of New Registered Agent Name Brian Dennis Street Address (P.O. Box Number is Not Acceptable) 4055 NW 17 Ave City Miami Florida - FL Zip Code 33142	
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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 

Signature, typed or printed name of registered agent, and the if applicable (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: ☒ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DENNIS BRIAN 1373 NW 55 STREET MIAMI, FL 33142 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Brian Dennis 4055 NW 17 Ave Miami FL 33142 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLAIR, ARTHUR M III 8800 NW 14 AVE MIAMI, FL 33147 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KXA Rashid 4055 NW 17 Ave Miami FL 33142 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MATHIS, CHARLES 4055 NW 17 AVE MIAMI, FL 33142 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Jewel Parham 4055 NW 17 Ave Miami FL 33142 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D L.Z. Pippens 4055 NW 17 Ave Miami FL 33142 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ED Haneef Hamidullah 4055 NW 17 Ave Miami FL 33142 ☐ 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)(f), 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #