2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004
Secretary of State

DOCUMENT# N98000005417

Entity Name: B M J COMMUNITY DEVELOPMENT, INC.

Current Principal Place of Business:

520 NW 165TH ST RD
#112
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

520 NW 165TH ST RD
#112
MIAMI, FL 33169

New Mailing Address:

FEI Number: 65-0863849 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BOGLE, CURT
198 NW 78TH STREET
MIAMI, FL 33150

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:	P	( ) Delete
Name:	THOMPSON, LATOYA	
Address:	17517 SW 28 CT	
City-St-Zip:	HOLLYWOOD, FL 33029	
Title:	V	( ) Delete
Name:	STEWART, NICOLE	
Address:	10921 LAKEVIEW DR S	
City-St-Zip:	HOLLYWOOD, FL 33026	
Title:	T	( ) Delete
Name:	THOMPSON, JULETTE	
Address:	5600 NW 59TH STREET APT 7	
City-St-Zip:	FORT LAUDERDALE, FL 33319	
Title:	D	( ) Delete
Name:	MOREAU, MARGARET	
Address:	3113 SOUTH OCEAN DR UNIT 701	
City-St-Zip:	HALLANDALE, FL 33009	
Title:	D	( ) Delete
Name:	JEDWEB, SAM	
Address:	3113 SOUTH OCEAN DR UNIT 701	
City-St-Zip:	HALLANDALE, FL 33009	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P	(X) Change ( ) Addition
Name:	BOGLE, CURT	
Address:	198 NW 79 STREET	
City-St-Zip:	MIAMI, FL 33150	
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:		( ) 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: CURT BOGLE P 03/02/2004

Electronic Signature of Signing Officer or Director — Date