


**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N98000005417**

1. Entity Name  
**B M J COMMUNITY DEVELOPMENT, INC.**



Principal Place of Business 16764 NW 67TH AVE MIAMI, FL 33015	Mailing Address 16764 NW 67TH AVE MIAMI, FL 33015
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2. Principal Place of Business <b>520 NW 165th St RD</b>	3. Mailing Address <b>520 NW 165th St RD</b>
Suite, Apt. #, etc. <b>112</b>	Suite, Apt. #, etc. <b>112</b>

City & State <b>Miami, Florida</b>	City & State <b>Miami, Florida</b>
Zip <b>33169</b>	Country <b>DoDc</b>



CHECK HERE IF MAKING CHANGES

4. FEI Number <b>65-0863849</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BOGLE, CURT 3530 MYSTIC POINTE DRIVE 904 MIAMI, FL 33180</b>	
7. Name and Address of New Registered Agent Name <b>CURT Bogle</b> Street Address (P.O. Box Number is Not Acceptable) <b>198 NW 78th Street</b> City <b>Miami</b> FL Zip Code <b>33150</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 *Curt Bogle* **CURT BOGLE** **4/28/03** DATE

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when resigning)

<b>FILE NOW. FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOGLE, CURT 3530 MYSTIC POINTE DR UNIT 904 AVENTURA, FL 33180 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS QUALIS, THOMAS 6551 N.W. 184TH TERR. MIAMI, FL 33055 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JEDWAB, ORLIE 2462 INGUA AVE. COCONUT GROVE, FL 33133 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Latonya Thompson 17517 SW 28 Ct Pembroke Pines, FL 33029 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Nicole Stewart 10921 Lakeview DR So Pembroke Pines, FL 33026 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Julette Thompson 5600 N.W. 59th Street Apt #7 TAMARAC, FL 33319 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Margaret Moreau 2230 SW 67th Way MIRAMAR, FL 33023 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sam Jedwab 3113 South Ocean DR Unit 701 Hallandale, FL 33009 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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)(l), 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: *Latonya Thompson* **Latonya Thompson** **4/28/03** **305-933-2544** DATE

Signature, typed or printed name of signing officer or director

CR2E037 (10/02)