

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006557

FILED
Jan 21, 2004
Secretary of State

Entity Name: SOUTH FLORIDA FIREFIGHTERS CALENDAR, INC.

Current Principal Place of Business:

7225 POINCIANA CT.
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

7225 POINCIANA CT.
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 65-0602111

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESPINOSA, LUIS
7225 POINCIANA CT.
MIAMI LAKES, FL 33014 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: ESPINOSA, LUIS
Address: 7225 POINCIANA CT.
City-St-Zip: MIAMI LAKES, FL 33014

Title: D () Delete
Name: ESPONOSA, BERTHA GOMEZ
Address: 7225 POINCIANA CT.
City-St-Zip: MIAMI LAKES, FL 33014

Title: D () Delete
Name: RODRIGUEZ, NELSON
Address: 16411 BRIDGE END RD.
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ESPINOSA, BERTHA GOMEZ
Address: 7225 POINCIANA CT.
City-St-Zip: MIAMI LAKES, FL 33014

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: NELSON RODRIGUEZ

OFFI

01/21/2004

Electronic Signature of Signing Officer or Director

Date