


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2004 8:00 am
Secretary of State

05-21-2004 90010 001 ***102.50

DOCUMENT # N98000007180	
1. Entity Name NORTH SHORE-NOR-ISLE OPTIMIST CLUB BOYS WORK FUND, INC.	

Principal Place of Business %JOSEPH PARDO 416 W SAN MARINO DR MIAMI BEACH, FL 33139	Mailing Address %JOSEPH PARDO 416 W SAN MARINO DR MIAMI BEACH, FL 33139
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66423258



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

03042003 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2543754		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PARDO, JOSEPH 416 W SAN MARINO DR MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

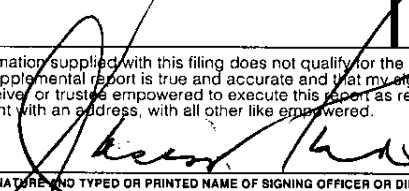
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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	PD GOMEZ, BRETT 9881 E. BAY HARBOUR DRIVE MIAMI, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARDO, JEOSPH PO BOX 398646 MIAMI BEACH, FL 33235 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, MURRAY 1000 QUASIDE TERR #1604 MIAMI, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAUFMAN, BUDDY 1001 SOUTH SHORE DRIVE MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WEINBERG, LARRY 850 W 43 COURT MIAMI, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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)(i), 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:  **5/15/04 (305) 673-1575**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

66423258

www.sunbiz.org

Division of Corporations

2004 Annual Report

Listed below is the most recent information reported for the entity.

Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.

Document Number

N98000007180

Business Entity Name

NORTH SHORE-NOR-ISLE OPTIMIST CLUB BOYS WORK FUND, INC.

Original File Date

12/21/1998

FEI Number 59-2543754

Principal Address %JOSEPH PARDO
416 W SAN MARINO DR
MIAMI BEACH, FL 33139

Mailing Address %JOSEPH PARDO
416 W SAN MARINO DR
MIAMI BEACH, FL 33139

Registered Agent JOSEPH PARDO
416 W SAN MARINO DR
MIAMI BEACH, FL 33139 US

Officer/Director Name And Address

PD
BRETT GOMEZ
9881 E. BAY HARBOUR DRIVE
MIAMI, FL 33154

D
JEOSPH PARDO
PO BOX 398646
MIAMI BEACH, FL 33235

D
MURRAY GRAHAM
1000 QUASIDE TERR #1604
MIAMI, FL 33138

D
BUDDY KAUFMAN
1001 SOUTH SHORE DRIVE
MIAMI BEACH, FL 33141