

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000946

Entity Name: S.C.B. ECONOMIC DEVELOPMENT, INC.

FILED
Mar 06, 2004
Secretary of State

Current Principal Place of Business:

6790 NW 186 ST #418
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

P O BOX 015782
MIAMI, FL 331015782

New Mailing Address:

FEI Number: 65-0896327

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COAKLEY-BROWN, SHEILA
6790 NW 186 ST #418
MIAMI, FL 33015

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: PD () Delete
Name: COAKLEY-BROWN, SHEILA
Address: 6790 NW 186 ST #418
City-St-Zip: MIAMI, FL 33015

Title: TD () Delete
Name: COAKLEY, BOBBY
Address: 6790 NW 186 ST #418
City-St-Zip: MIAMI, FL 33015

Title: SD () Delete
Name: COAKLEY, RODERICK
Address: 6790 NW 186 ST #418
City-St-Zip: MIAMI, FL 33015

Title: VD () Delete
Name: RICKS, VITA
Address: 6790 NW 186 ST #418
City-St-Zip: MIAMI, FL 33015

Title: VD () Delete
Name: COAKLEY BROWN, D'RELLE
Address: 6790 NW 186 ST #418
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: SHEILA COAKLEY-BROWN

PD

03/06/2004

Electronic Signature of Signing Officer or Director

Date