2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2004
Secretary of State

DOCUMENT# N99000001513

Entity Name: NARCONON OF SOUTH FLOIRDA, INC.

Current Principal Place of Business:

16800 NW 2ND AVE., SUITE 107
N MIAMI BEACH, FL 33169

New Principal Place of Business:

Current Mailing Address:

16800 NW 2ND AVE., SUITE 107
N MIAMI BEACH, FL 33169

New Mailing Address:

FEI Number: 65-0988658 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INGRAM, NADIA
2100 PONCE DE LEON BLVD., SUITE 920
CORAL GABLES, FL 33134 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: DPS ( ) Delete
Name: WILLIAMS, MARIE
Address: 16800 NW 2ND AVE., SUITE 107
City-St-Zip: N MIAMI BEACH, FL 33169

Title: DVT ( ) Delete
Name: WITT, MARK
Address: #7, 6860 SW 45TH LANE
City-St-Zip: MIAMI, FL 33155

Title: D ( ) Delete
Name: WILLIAMS, JIM
Address: 16800 NW 2ND AVE., SUITE 107
City-St-Zip: N MIAMI BEACH, FL 33169

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:

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: MARIE L WILLIAMS DPS 04/04/2004

Electronic Signature of Signing Officer or Director — Date