


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000001538</b>	
1. Entity Name PI NU INCORPORATED	

Principal Place of Business PO BOX 570507 MIAMI, FL 33157-0507	Mailing Address PO BOX 570507 MIAMI, FL 33157-0507
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**DO NOT WRITE IN THIS SPACE**



01262004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0902300	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HANKERSON, CHARLES  
16325 SW 89TH COURT  
MIAMI, FL 33157

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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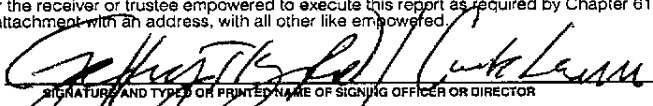
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, ROBERT B 25837 SW 132ND CT MIAMI, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, ROOSEVELT 11300 SW 131 AVE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARPENTER, WILLIE 10965 S.W. 175TH ST. MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRENCE, CURTIS 17451 SW 109TH AVE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNIS, MELVIN C 16810 SW 108TH CT. MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HANKERSON, CHARLES 16325 SW 89TH CT. MIAMI, FL 33157

000000058567  
02/23/04-80004-020 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  CURTIS LAWRENCE 4/16/04 3053052532

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #