## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECT

SIGNATURE: \_

## FILED Apr 16, 2004 08:00 AM Secretary of State

					Convotant of Ctata	
DOCUMENT # N9900001977  1. Entity Name ADOPTION ASSISTANCE SERVICES, INC.				Secretary of State		
Principal Plac	e of Business	Mailing Address				
125 N. 46TH	HAVE.	125 N. 46TH AVE,				
HOLLYWOOD	), FL 33021-6601	HOLLYWOOD, FL 33021-660	1	}		
				3 3 M 8333 M 6 M 3	B (MICE (MICE (MICE MEN) BROW) MARCON MARCON (INC. (MICE MEN) MARCON (MICE MEN) MARC	
				03262004	No Chg-NP CR2E037 (10/03)	
D	O NOT WRITE	IN THIS SPA	CE	4. FEI Numbe	er Applied For	
				65-099		
					of Status Desired S8.75 Additional	
	v v n je je jenegom	<u></u>		3. Certificate	Fee Required	
	6. Name and Address of Current Re	gistered Agent	4			
GOTTLIEB, BRUCE M ESQ.				DO	NOT WRITE	
125 N. 46TH AVE.						
HOLLYWOOD, FL 33021-6601				IN 7	THIS SPACE	
		<u> </u>				
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						
	Section (Section )	, , , , , , , , , , , , , , , , , , ,				
	Filing Fee is \$61.25	9. Election Campaign Fina		5.00 May Be	11000001 1 cm2m	
	Due by May 1, 2004	Trust Fund Contribution	. LJ Aci	ded to Fees	U00000116247 04/16/04-80057-002 61.25	
10.	OFFICERS AND DI	RECTORS	<u> </u>	<u> </u>	WILLIAM GOOD! DOWN DI. CO.	
TITLE	PD					
NAME	GOTTLIEB, BRUCE M					
STREET ADDRESS	125 N 46 AVENUE		1			
CITY-ST-ZIP	HOLLYWOOD, FL 33021		4			
TITLE	D		1			
NAME	GOTTLIEB, KAREN					
STREET ADDRESS CITY - ST - ZIP	125 N 46 AVENUE		1			
	HOLLYWOOD, FL 33021	<u> 1800 - Prima Principal Gradies (</u>	<b></b>	2,04	•	
TITLE NAME	D GOTTLIEB, SARI		1			
STREET ADDRESS	125 N 46 AVENUE			-		
CITY-ST-ZIP	HOLLYWOOD, FL 33021	•	1	DO	NOT WRITE	
TITLE	11000111000,12 00021	ρ	1	INI '	THIC COACE	
NAME			1	IIV	THIS SPACE	
STREET ADDRESS						
CITY-ST-ZIP			1			
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STREET ADDRESS			1			
CITY-ST-ZIP		<u> </u>	_1			
TITLE			1			
NAME						
STREET ADDRESS	-					
CITY-ST-ZIP		<u> </u>	<u> </u>			
12. I hereby indicated	certity that the information supplied with the i on this report or supplemental report is to	ns tiling does not qualify for the ex- rue and accurate and that my sign:	emption stated in S ature shall have the	iection 119.07(3) e same legal effe	(i), Florida Statutes, I further certify that the information ct as if made under cath; that I am an officer or director	
of the cor changed	rporation or the receiver or truslee empow , or on an attachment with an address, wi	rered to execute this report as required all other like empowered.	iired by Chapter 61	17, Florida Statute	<ul> <li>(i), Florida Statutes, I further certify that the information of as if made under oath; that I am an officer or director as; and that my name appears in Block 10 or Block 11 if</li> </ul>	

3/30/2004

Date

(954) 966-7900

Daytime Phone #