


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90003 023 ****61.25

DOCUMENT # N99000003838					
1. Entity Name THE BULLDOGS-A SPECIAL NEEDS ORGANIZATION, INC.					
Principal Place of Business 8333 W. MCNAB RD. TAMARAC, FL 33321			Mailing Address 8333 W. MCNAB RD. TAMARAC, FL 33321		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc. SUITE 127			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0945017	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
				Name ROBERT H. COHEN	
				Street Address (P.O. Box Number is Not Acceptable) 8333 W. MCNAB RD	
				City SUITE 127	
				City TAMARAC FL Zip Code 33321	
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 <u><i>Robert Cohen</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEONARDO, MICHELLE C/O 8333 W. MCNAB RD. TAMARAC, FL 33321 <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 checked="" 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	TD COHN, ROBERT C/O 8333 MCNAB RD. TAMARAC, FL 33321 <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 checked="" 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	P COHEN, SUSAN C/O 8333 W. MCNAB RD. TAMARAC, FL 33321 <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 checked="" 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: <u><i>Robert Cohen</i></u>		TREASURER		Date <u>2-7-04</u> Daytime Phone # <u>954 727-1511</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	