

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004246

FILED  
May 04, 2004  
Secretary of State

**Entity Name:** PEOPLE WHO JUST DON'T WANT HIGHER TAXES, INC.

**Current Principal Place of Business:**

2060 BISCAYNE BLVD.,2ND. FLOOR  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

2060 BISCAYNE BLVD.,2ND. FLOOR  
MIAMI, FL 33137

**New Mailing Address:**

**FEI Number:** 65-1081045

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BRANDES, MARC E  
2060 BISCAYNE BLVD.,2ND. FLOOR  
MIAMI, FL 33137

**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: BRAMAN, NORMAN  
Address: 2060 BISCAYNE BLVD -2ND FLR  
City-St-Zip: MIAMI, FL 331375024

Title: SD ( ) Delete  
Name: KRIEGER, STANLEY J  
Address: 2060 BISCAYNE BLVD -2ND FLR  
City-St-Zip: MIAMI, FL 331375024

Title: TD ( ) Delete  
Name: BRANDES, MARC E  
Address: 2060 BISCAYNE BLVD -2ND FLR  
City-St-Zip: MIAMI, FL 331375024

**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: STANLEY KRIEGER

SD

05/04/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date