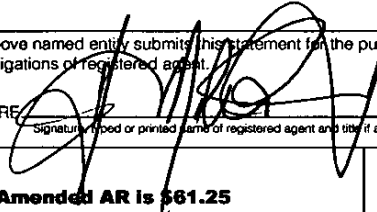
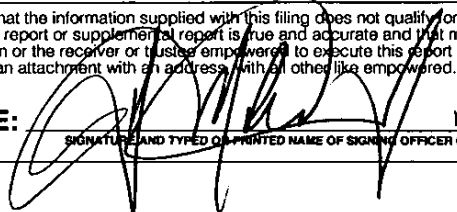


# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC 17 PM 4:30

<b>DOCUMENT # P01000121049</b> 1. Entity Name <b>RENAISSANCE EMPIRE DEVELOPMENT CORPORATION</b>					
Principal Place of Business <b>537 NE 199TH LANE NORTH MIAMI BEACH, FL 33179</b>			Mailing Address <b>P.O. BOX 5781 HOLLYWOOD, FL 33083</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>537 NE 199th Lane</b> Suite, Apt. #, etc.			
City & State <b>N. MIAMI Beach, FL 33179</b>		4. FEI Number <b>80-0025618</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33179</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MALCOLM, GLENFORD B JR 537 NE 199TH LANE NORTH MIAMI BEACH, FL 33179</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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:  DATE: <b>12/7/04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$61.25</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVPT MALCOLM, GLENFORD B JR 537 NE 199TH LANE NORTH MIAMI BEACH, FL 33179	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT Glenford Malcolm SR. 537 NE 199th Lane N. Miami Beach, FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Paulade Malcolm, Senior - Vice President 537 NE 199th Lane N. Miami Beach, FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Glenford Malcolm JR 537 NE 199th Lane N. Miami Beach, FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	700043492577 12/17/04--01052--009 **\$61.25				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 607, 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:  <b>Glenford B. Jr. Malcolm - Treasurer</b> <b>12/7/04</b> <b>305-801-3634</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

12/20/04