


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000052360	
1. Entity Name COMMUNITY UPLIFT CORPORATION	

Principal Place of Business 1634 NE 171 STREET NORTH MIAMI BEACH, FL 33162	Mailing Address 1634 NE 171 STREET NORTH MIAMI BEACH, FL 33162
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DO NOT WRITE IN THIS SPACE



03062005 No Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent NAPOLITANO, MARIANNE 1634 NE 171 STREET NORTH MIAMI BEACH, FL 33162	
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**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000289606 04/06/05-80027-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALIE, KATHRYN 517 HOLLY DRIVE SEBRING, FL 33876
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NAPOLITANO, MARIANNE 1634 NE 171 ST NO MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DIFILIPPO, DAVID PO BOX 773 LAWRENCE, MA 01842
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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: Marianne Napolitano **MARIANNE NAPOLITANO** 3-6-05 305-940 3249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #