

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000062787

FILED
Apr 28, 2004
Secretary of State

Entity Name: THE GREAT ROOM, INC.

Current Principal Place of Business:

21427 NW 2ND AVE
MIAMI, FL 33169

New Principal Place of Business:

3011 NW 175 STREET
OPA-LOCKA, FL 33056

Current Mailing Address:

P.O. BOX 694903
MIAMI, FL 33269

New Mailing Address:

P.O. BOX 470601
MIAMI, FL 33247

FEI Number: 02-0617923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, NATALIE B
3011 N.W. 175TH ST.
OPA LOCKA, FL 33054 US

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BROWN, SHARON A
Address: 2190 RUTLAND-BRITT STREET
City-St-Zip: OPA LOCKA, FL 33054

Title: VD () Delete
Name: GREEN, NATALIE B
Address: 3011 N.W. 175TH STREET
City-St-Zip: OPA LOCKA, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NATALIE GREEN

VD

04/28/2004

Electronic Signature of Signing Officer or Director

_____ Date