

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000008984

FILED  
Jul 09, 2005  
Secretary of State

Entity Name: BRIAR PATCH GROUP HOME, INC.

**Current Principal Place of Business:**

18850 NW 84 AVE  
MIAMI, FL 33015

**New Principal Place of Business:**

**Current Mailing Address:**

18850 NW 84 AVE  
MIAMI, FL 33015

**New Mailing Address:**

FEI Number: 59-3766219

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALDERMAN, CORNELIA  
5201 SW 195 TERR  
FT LAUDERDALE, FL 33332 US

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

ALDERMAN, CORNELIA  
2114 N. FLAMINGO ROAD  
211  
PEMBROKE PINES, FL 33028 US

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: CORNELIA ALDERMAN

07/09/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ALDERMAN, CORNELIA  
Address: 5201 SW 195 TERR  
City-St-Zip: FT LAUDERDALE, FL 33332

Title: VP ( ) Delete  
Name: ILIADIS, ANASTASIA  
Address: 231 BRIXTON ROAD  
City-St-Zip: GARDEN CITY, NY 11530

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ALDERMAN, CORNELIA  
Address: 2114 N. FLAMINGO ROAD #211  
City-St-Zip: PEMBROKE PINES, FL 33028

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: CORNELIA ALDERMAN

P

07/09/2005

Electronic Signature of Signing Officer or Director

Date