

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000071215

**FILED**  
**Jul 12, 2004**  
**Secretary of State**

**Entity Name:** FLORIDA CONFLICT RESOLUTION GROUP, INC.

**Current Principal Place of Business:**

7685 SW 104 ST  
STE 200  
MIAMI, FL 33156 US

**New Principal Place of Business:**

**Current Mailing Address:**

7685 SW 104 ST  
STE 200  
MIAMI, FL 33156 US

**New Mailing Address:**

**FEI Number:** 65-0613082      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

FEILER, LOREE S  
7685 SW 104 ST  
STE 200  
MIAMI, FL 33156

**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

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: PD ( ) Delete  
Name: FEILER, LOREE S  
Address: 7685 SW 104 ST, STE 200  
City-St-Zip: MIAMI, FL 33156

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

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: LOREE SCHWARTZ FEILER

PD

07/12/2004

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

\_\_\_\_\_ Date