## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000078952

Entity Name: HOUSING TRUST INTERNATIONAL, INC.

Apr 29, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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3225 AVIATION AVE. SUITE 700 COCONUT GROVE, FL 33133

**Current Mailing Address: New Mailing Address:** 

3225 AVIATION AVE, SUITE 700 COCONUT GROVE, FL 33133

FEI Number: 65-0629849 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

MARCUS, STEWART BEZOLD, THOMAS 3225 AVIÁTION AVE, SUITE 700 3225 AVIATION AVE, SUITE 700 COCONUT GROVE, FL 33133 US COCONUT GROVE, FL 33133 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: THOMAS J BEZOLD 04/29/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Name: Address:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

MARCUS, STEWART MARCUS, STEWART Name: Name: 3225 AVIATION AVE, SUITE 700 3225 AVIATION AVE, SUITE 700 Address: Address:

City-St-Zip: COCONUT GROVE, FL 33133 City-St-Zip: COCONUT GROVE, FL 33133

**EVPT** Title: Title: () Delete (X) Change ( ) Addition RIEGER, RANDY Name: FAGAN, PETER F Name:

3225 AVIATION AVE., STE 700 3225 AVIATION AVE., STE 700 Address: Address:

COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133 City-St-Zip: City-St-Zip:

Title: Title: (X) Change ( ) Addition VS () Delete **FVPS** TEMLING, PETER W BEZOLD, THOMAS Name: Name:

3225 AIVATION AVENUE 7TH FLOOR 3225 AIVATION AVENUE 7TH FLOOR Address: Address:

City-St-Zip: MIAMI, FL 33133 City-St-Zip: MIAMI, FL 33133

Title: sv (X) Delete Title: () Change () Addition

NORRIS, WAYNE O Name: 3225 AVIATION AVENUE, 7TH FLOOR Address: City-St-Zip: MIAMI, FL 33133 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: THOMAS J BEZOLD **EVPS** 04/29/2004