

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jun 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000006204
1. Entity Name
5000 ROLE MODELS OF EXCELLENCE PROJECT, INC.



Principal Place of Business
1450 N.E. 2ND AVE.
SUITE 227
MIAMI, FL 33132 US

Mailing Address
1450 N.E. 2ND AVE.
SUITE 227
MIAMI, FL 33132 US



06212004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0575014 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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IN THIS SPACE**

6. Name and Address of Current Registered Agent

WILSON, FREDRICA S
1450 N.E. 2ND AVENUE
SUITE 227
MIAMI, FL 33132

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, FREDERICA S 1450 NE 2ND AVENUE, SUITE 226 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOONCE, GEORGE D 14651 SW 94TH AVE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGRAM, ROBERT B 1450 N.E. 2ND AVE. SUITE 700 MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRACHAN, RICHARD DR 8841 N.W. 14TH AVE. MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000162896
06/28/04-80001-016 70.00

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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)(i), 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 617, 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: *Fredrica S Wilson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-21-04 305-995-2451 Ext. 2
Date Daytime Phone #