

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738918

FILED
May 08, 2007
Secretary of State

Entity Name: NATIONAL ASSOCIATION OF PURCHASING MANAGEMENT - SOUTH FLORIDA, INC.

Current Principal Place of Business:

P.O. BOX 523323
MIAMI, FL 331523323 US

New Principal Place of Business:

2055 EAST CENTENNIAL CIRCLE
TEMPE, AZ 85284 US

Current Mailing Address:

P.O. BOX 523323
MIAMI, FL 331523323 US

New Mailing Address:

FEI Number: 59-1867643 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BYRNES, TERRY S PR
444 S.W. 2ND AVE.
6TH FLOOR
MIAMI, FL 33130 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: TORRES, RICK
Address: 6912 NW 179 STREET, APT. 112-3
City-St-Zip: MIAMI, FL 33015

Title: PD () Delete
Name: MEIR, REGEV
Address: 20800 HIGHLAND LAKES BLVD
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: D () Delete
Name: VEGA, RANDI
Address: 300 N.E. FIRST AVE. # 115
City-St-Zip: MIAMI, FL 33132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CARRILLO, LEIDA
Address: 111 NW 1ST STREET. SUITE 1300
City-St-Zip: MIAMI, FL 33128

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MEIR REGEV

PD

05/08/2007

Electronic Signature of Signing Officer or Director

Date