2007 NOT-FOR-PROFIT CORPORATION

FILED Feb 16, 2007 8:00 am Secretary of State

ANNUAL REPORT	

1. Entity Nam BETA BE	MENT # 745184 TA LAMBDA CHAPTER ONITY, INC.	F ALPHA PHI ALPHA	١				7 90036 007	****61.:	25
Principal Place of Business 1056 NORTH HIATUS ROAD PEMBROKE PINES, FL 33026		Mailing Address P.O. BOX 510027 MIAMI, FL 33151				79130	of 2104 21011 DIGIT 21011		
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.				02142007	Chg-NP	CR2E037 (12	2/06)		
City & State City & State		•		4. FEI Number 59-18980)23		Applie Not Ap	d For	
Zip	Country	Zip	Cou	ountry 5. Certificate of Status Desired \$8.75 Add Fee Requirer				nai	
	6. Name and Address of Curren	t Registered Agent			7. Name and A	ddress of New F	Registered Agent		
				Name					
ROBINSON, LONNIE 1056 NORTH HIATUS ROAD PEMBROKE PINES, FL 33026				Street Address (P.O. Box Number is Not Acceptable)					
				City	-		FL Z	ip Code	
	e named entity submits this statement tions of registered agent.	for the purpose of changing its	s registere	ed office or regis	tered agent, or both,	in the State of FI	lorida. I am famili	ar with, and	accept
SIGNATURE									
SIGNATIONE	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	TE: Regislere	d Agent signature requi	ired when reinstating)		DATE		
		ni and title if applicable. (NOT 9. Election Cal Trust Fund (ımpaign F	inancing	\$5.00 May Be Added to Fees		DATE Make check pay rida Departmen		
	Signature, typed or printed name of registered age Filling Fee is \$61.25	9. Election Cal Trust Fund (ımpaign F	inancing	\$5.00 May Be	Flo	Make check pay rida Departmen	t of State	
	Signature, typed or printed name of registered age Filling Fee is \$61.25 Due by May 1, 2007	9. Election Cal Trust Fund (impaign F Contributi 11. TITLE NAMI	ion.	\$5.00 May Be Added to Fees ADDITIONS/CHAN	Fio	Make check pay rida Departmen	ORS IN 10	Addition
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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: Louise Rolling LONNIE ROBINSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR