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2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 757006

1. Entity Name
THE GREATER MIAMI SOCIETY FOR HUMAN RESOURCE MANAGEMENT, INC.

FILED
04 JAN 22 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7154 N. UNIVERSITY DR STE 299 TAMARAC, FL 33321	P.O. BOX 277622 MIRAMAR, FL 33027

01222004 Chg-NP See Attach CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0231220 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARGULIES, LYNN 1401 NW 36 AVE #304 SUNRISE, FL 33323	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED MARGULIES, LYNN 1401 NW 36 AVE #304 SUNRISE, FL 33323	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800027873098 01/29/04--01033--009 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD REY-WILSON, LAURDES 2720 CORAL WAY 4TH FLOOR MIAMI, FL 33145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GIRADO, ODALYS 8181 NW 36 ST #22 MIAMI, FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CASTILLO-FRICK, ILIANA 1515 GENOA STREET CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T5 ☐ Change ☐ Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Business Entity Name
THE GREATER MIAMI SOCIETY FOR HUMAN RESOURCE MANAGEMENT, INC.

FEI Number: 65023122
FEI Number Status: ○ Applied For ○ Not Applicable ◉ Current
Certificate of Status Desired: ○ Yes ◉ No $8.75 each

Principal Place of Business

Address: 7154 N. UNIVERSITY DR
Suite, Apt. #, etc.: STE 299
City, State: TAMARAC, FL
Zip Code & Country: 33321 US

Mailing Address

Address: 7154 N. UNIVERSITY DR
Suite, Apt. #, etc.: STE 299
City, State: TAMARAC, FL
Zip Code & Country: 33321 US

Name And Address of Registered Agent

Name (Last, First, Middle, Title): FARMER, JUDITH, ,
-or- RA Business Name:
Address: 2800 PONCE DE LEON , 8TH FLOOR
Suite, Apt. #, etc.:
City, State: CORAL GABLES, FL
Zip Code & Country: 33134 US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

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Document Number
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Business Entity Name
THE GREATER MIAMI SOCIETY FOR HUMAN RESOURCE MANAGEMENT, INC.

Election Campaign Financing Trust Fund Contribution ○ Yes ◉ No

---Officer/Director Name And Address

Title	PED
Name (Last, First, Middle, Title)	CASTILLO-FRICK ILIANA
-or- Entity Name	
Street Address	11011 SW 104 STREET
City, State	MIAMI, FL
Zip Code & Country	33176

Title	SD
Name (Last, First, Middle, Title)	CARDENAL NIEVES
-or- Entity Name	
Street Address	11800 SW 147 AVE, MS 52-A01
City, State	MIAMI, FL
Zip Code & Country	33116

Title	TD
Name (Last, First, Middle, Title)	FARMER JUDITH
-or- Entity Name	
Street Address	2800 PONCE DE LEON, 8TH FLOOR
City, State	CORAL GABLES, FL
Zip Code & Country	33134

Title	PD
Name (Last, First, Middle, Title)	PEREZ DIANA

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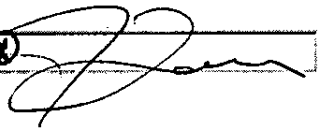
Registered Agent Signature JUDITH FARMER



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-or- Entity Name	
Street Address	6505 BLUE LAGOON DRIVE, SUITE 400
City, State	MIAMI , FL
Zip Code & Country	33126
Title	
Name (Last, First, Middle, Title)	, , ,
-or- Entity Name	
Street Address	
City, State	,
Zip Code & Country	
Title	
Name (Last, First, Middle, Title)	, , ,
-or- Entity Name	
Street Address	
City, State	,
Zip Code & Country	

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title: TD

Officer/Director Signature: JUDITH FARMER

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