

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757006

FILED
Feb 23, 2006
Secretary of State

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

Current Principal Place of Business:

7154 N. UNIVERSITY DR
STE 299
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

7154 N. UNIVERSITY DR, STE. 229
TAMARAC, FL 33321 US

New Mailing Address:

FEI Number: 59-1725764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINKLES, DEBORAH
1550 SW 57 AVE
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

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: PED () Delete
Name: DREW, MARIA
Address: 8350 NW 52 TERR
City-St-Zip: MIAMI, FL 33166

Title: SD () Delete
Name: GIRADO, ODALYS
Address: 8181 NW 36 ST #22
City-St-Zip: MIAMI, FL 33166

Title: TD () Delete
Name: WINKLES, DEBORAH
Address: 1550 SW 57 AVE
City-St-Zip: MIAMI, FL 33144

Title: PD () Delete
Name: PEREZ, DIANA
Address: 6505 BLUE LAGOON DRIVE, STE 400
City-St-Zip: MIAMI, FL 33126

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DREW, MARIA
Address: 8350 NW 52 TERR
City-St-Zip: MIAMI, FL 33166

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

Title: PED (X) Change () Addition
Name: WINKLES, DEBORAH
Address: 1550 SW 57 AVE
City-St-Zip: MIAMI, FL 33144

Title: D (X) Change () Addition
Name: PEREZ, DIANA
Address: 6505 BLUE LAGOON DRIVE, STE 400
City-St-Zip: MIAMI, FL 33126

Title: TD () Change (X) Addition
Name: TOEPFER, SUSAN
Address: 150 WEST FLAGLER STREET, SUITE 2200
City-St-Zip: MIAMI, FL 33130

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN TOEPFER

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02/23/2006

Electronic Signature of Signing Officer or Director

Date