

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004765

FILED
Jan 28, 2009
Secretary of State

Entity Name: THE INTERNATIONAL WINE AND FOOD SOCIETY-MIAMI BRANCH, INC.

Current Principal Place of Business:

1536 TARAGONA DR
CORAL GABLES, FL 33134

New Principal Place of Business:

1001 BRICKELL BAY DRIVE
9TH FLOOR (ATTN M FARRA)
MIAMI, FL 33131

Current Mailing Address:

1536 TARAGONA DR
CORAL GABLES, FL 33134

New Mailing Address:

1001 BRICKELL BAY DRIVE
9TH FLOOR (ATTN M FARRA)
MIAMI, FL 33131

FEI Number: 20-0091446

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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: D () Delete
Name: GARRIGO, JOSE R
Address: 1536 TARAGONA DR
City-St-Zip: CORAL GABLES, FL 33134 62

Title: P () Delete
Name: KUCZWANSKI, JOHN S
Address: 3628 ROYAL PALM AVE
City-St-Zip: COCONUT GROVE, FH 33133 62

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: HUDSON, ROBERT F JR
Address: 1111 BRICKELL AVENUE, SUITE 1700
City-St-Zip: MIAMI, FH 33131

Title: T () Change (X) Addition
Name: FARRA, MIGUEL G
Address: 1001 BRICKELL BAY DRIVE, 9TH FLOOR
City-St-Zip: MIAMI, FL 33131

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: ROBERT F. HUDSON, JR., PRESIDENT

P

01/28/2009

Electronic Signature of Signing Officer or Director

Date