

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 07, 2009
Secretary of State**

DOCUMENT# N03000007269

Entity Name: SOUTH FLORIDA ECHO SOCIETY, INC

Current Principal Place of Business:

13833 WELLINGTON TRACE SUITE
E4-212
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

13833 WELLINGTON TRACE SUITE
E4-212
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 20-0251011 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUCKLAND, JUDITH
13833 WELLINGTON TRACE
SUITE E4-212
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

CRAWFORD, CAROLYN
13833 WELLINGTON TRACE
SUITE E4-212
WELLINGTON, FL 33414 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: CAROLYN CRAWFORD 02/07/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: MELHADO, MAURICIO MD
Address: 12953 PALMS WEST DRIVE SUITE 102
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: VP () Delete
Name: BUCKLAND, JUDITH RDGS
Address: 13833 WELLINGTON TRACE SUITE E4-212
City-St-Zip: WELLINGTON, FL 33414

Title: SEC () Delete
Name: CRAWFORD, CAROLYN RDGS
Address: 13833 WELLINGTON TRACE SUITE E4-212
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: CAROLYN CRAWFORD RA 02/07/2009
Electronic Signature of Signing Officer or Director Date