

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006
Secretary of State

DOCUMENT# N05000001988

Entity Name: INTERNATIONAL ASSOCIATION OF MICROSOFT CERTIFIED PARTNERS - FLORIDA SOUTH CHAPTER, INC.

Current Principal Place of Business:

17766 94TH STREET NORTH
LOXAHATCHEE, FL 33470

New Principal Place of Business:

PO BOX 221494
WEST PALM BEACH, FL 33422

Current Mailing Address:

17766 94TH STREET NORTH
LOXAHATCHEE, FL 33470

New Mailing Address:

PO BOX 221494
WEST PALM BEACH, FL 33422

FEI Number: 20-2394585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWERDLOFF, HOWARD
17766 94TH STREET NORTH
LOXAHATCHEE, FL 33470 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: P () Delete
Name: MCKEEN, JIM
Address: 6301 NW 5TH WAY; SUITE 1700
City-St-Zip: FT. LAUDERDALE, FL 33309 US

Title: VP () Delete
Name: SWERDLOFF, HOWARD
Address: 17766 94TH STREET NORTH
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: S () Delete
Name: MARISCAL, JAVIER
Address: 6915 RED ROAD; SUITE 200
City-St-Zip: CORAL GABLES, FL 33143 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: CHERYL, BOXIE-SCOTT
Address: PO BOX 221494
City-St-Zip: WEST PALM BEACH, FL 33422 US

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: HOWARD SWERDLOFF

VP

03/30/2006

Electronic Signature of Signing Officer or Director

Date