

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90072 004 ****61.25

DOCUMENT # N93000001039

1. Entity Name
**THE ORGANIZATION OF WOMEN IN INTERNATIONAL
TRADE - MIAMI, INC.**



Principal Place of Business
**444 BRICKELL AVE
#51-329
MIAMI, FL 33131 US**

Mailing Address
**444 BRICKELL AVE
#51-329
MIAMI, FL 33131 US**

30065797



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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

08222005 Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES
1 SE THIRD AVE 27TH FL
MIAMI, FL 33-3131**

7. Name and Address of New Registered Agent

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 September 7, 2005**

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MANG, MARUTA S 444 BRICKELL AVENUE SUITE S1-329 MIAMI, FL 33131	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LANDY, LISA 444 BRICKELL AVE STE 51329 MIAMI, FL 33131	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SEGRE, LEXI 444 BRICKELL DR #51-329 MIAMI, FL 33131	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PAGAN, DAISY A 444 BRICKELL AVE STE 51329 MIAMI, FL 33131	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Helen Picard	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ 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

9/6/05

Date

954 888 8845

Daytime Phone #

PAID