2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001039

FILED Mar 27, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

444 BRICKELL AVE 12973 SW 112 STREET #51-329 129

MIAMI, FL 33131 MIAMI, FL 33186

New Mailing Address: Current Mailing Address:

444 BRICKELL AVE 12973 SW 112 STREET #51-329 129

MIAMI, FL 33186

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE

TALLAHASSEE, FL 32301 US

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:

MIAMI, FL 33131

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

MANG, MARUTA S STERN, DEBORAH Name: Name:

Address: 444 BRICKELL AVENUE SUITE S1-329 Address: 12973 SW 112 STREET #129 City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33186 US

Title: Title: (X) Change () Addition () Delete Name: LANDY, LISA Name: DIAZ, JENNIFER

Address: 444 BRICKELL AVE STE 51329 Address: 12973 SW 112 STREET# 129

City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33186 US

Title: () Delete Title: (X) Change () Addition MCLEOD, PATRICIA PICARD, HELEN Name: Name:

444 BRICKELL DR #51-329 12973 SW 112 STREET #129 Address: Address:

City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33186 US

Title: () Delete Title: (X) Change () Addition

MARGOLIS, JÚDY Name: Name: ZERBE, SAMANTHA

12973 SW 112 STREET #129 Address: 444 BRICKELL AVE STE 51329 Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33186 US

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: PATRICIA MCLEOD Μ 03/27/2008