2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2009
Secretary of State

DOCUMENT# N93000001039

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

Current Principal Place of Business:

12973 SW 112 STREET
129
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

12973 SW 112 STREET
129
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 65-0392515 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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/D ( ) Delete
Name: STERN, DEBORAH
Address: 12973 SW 112 STREET #129
City-St-Zip: MIAMI, FL 33186 US

Title: T/D ( ) Delete
Name: DIAZ, JENNIFER
Address: 12973 SW 112 STREET# 129
City-St-Zip: MIAMI, FL 33186 US

Title: M ( ) Delete
Name: MCLEOD, PATRICIA
Address: 12973 SW 112 STREET #129
City-St-Zip: MIAMI, FL 33186 US

Title: S ( ) Delete
Name: ZERBE, SAMANTHA
Address: 12973 SW 112 STREET #129
City-St-Zip: MIAMI, FL 33186 US

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

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:

Title: C (X) Change ( ) Addition
Name: ZERBE, SAMANTHA
Address: 12973 SW 112 STREET #129
City-St-Zip: MIAMI, FL 33186 US

Title: S ( ) Change (X) Addition
Name: QUINTERO, VIELKA
Address: 12973 SW 112 STREET #129
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 M 03/08/2009

Electronic Signature of Signing Officer or Director — Date