2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004611

FILED Aug 30, 2005 Secretary of State

Entity Name: HUMAN RESOURCE ASSOCIATION OF BROWARD COUNTY, INC.

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

PO BOX 9623

FT LAUDERDALE, FL 33310

Current Mailing Address: New Mailing Address:

PO BOX 9623

FT LAUDERDALE, FL 33310

FEI Number: 65-0319346 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

REGAN, CHRSITIAN 1525 NW 3RD ST. STE. 21

DEERFIELD BEACH, FL 33442 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 PRAGER, BARBARA
 Name:
 PRAGER, BARBARA

 Address:
 9050 PINES BLVD., #200
 Address:
 9050 PINES BLVD., #200

 City-St-Zip:
 PEMBROKE PINES, FL 33024
 City-St-Zip:
 PEMBROKE PINES, FL 33024

Title: V () Delete Title: V (X) Change () Addition Name: LAUBY, SHARLYN Name: SAPIR, GARY

Address: 1530 SEABAY RD. Name. SAPIR, GART

Address: 10779 SEACLIFF CIRCLE

City-St-Zip: FORT LAUDERDALE, FL 33326 City-St-Zip: BOCA RATON, FL 33498

Title: S () Delete Title: T (X) Change () Addition Name: RUPAR, KATHLEEN Name: FINNEGAN, ANN

Name:RUPAR, KATHLEENName:FINNEGAN, ANNAddress:439 NE 7TH AVE.Address:2500 QUANTUM LAKES DR #108

Address: 439 NE / I H AVE. Address: 2500 QUANTOW LAKES DR #108
City-St-Zip: FORT LAUDERDALE, FL 33310 City-St-Zip: BOYNTON BEACH, FL 33426

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf S} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

Name:SMOLEN, DEBORAHName:SMOLEN, DEBORAHAddress:2 WEST DIXIE HWY.Address:3050 N FEDERAL HIGHWAYCity-St-Zip:DANIA BEACH, FL 33004City-St-Zip:LIGHTHOUSE POINT, FL 33064

 $\label{eq:title:P} \mbox{Title:} \qquad \mbox{P} \qquad \mbox{(i) Delete} \qquad \mbox{Title:} \qquad \mbox{V} \qquad \mbox{(X) Change () Addition}$

Name: REGAN, CHRISTIAN Name: REGAN, CHRISTIAN
Address: 1525 NW 3RD ST., STE. 21
City-St-Zip: DEERFIELD BEACH, FL 33442
City-St-Zip: DEERFIELD BEACH, FL 33442
City-St-Zip: DEERFIELD BEACH, FL 33442

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANN FINNEGAN T 08/30/2005