

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2005 8:00 am
Secretary of State

08-03-2005 90060 043 ****70.00

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| DOCUMENT # N99000006601 | | | | | |
| 1. Entity Name INTERNATIONAL BUSINESS COUNCIL OF SOUTH FLORIDA, INC. | | | | Principal Place of Business 111 E. LAS OLAS BLVD. STE. 823, ASKEW TOWER FORT LAUDERDALE, FL 33301 US | |
| Mailing Address P. O. BOX 21024 FORT LAUDERDALE, FL 33335 | | | | 2. Principal Place of Business 3554 S University Blvd | |
| 3. Mailing Address Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | |
| City & State Davie, FLORIDA | | City & State | | 4. FEI Number 65-1032877 | |
| Zip 33328 | | Country USA | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent B & C CORPORATE SERVICES, INC. 100 S.E. 3RD AVENUE SUITE 2700 FT. LAUDERDALE, FL 33394 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by September 7, 2005 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE DC NAME LANGLEY, MICHAEL F STREET ADDRESS 350 LAS OLAS BLVD. #1220 CITY-ST-ZIP FORT LAUDERDALE, FL 33301 | <input checked="" type="checkbox"/> Delete | | TITLE DC NAME Brennan, Diane STREET ADDRESS One Financial Plaza #1200 CITY-ST-ZIP Fort Lauderdale, FL 33394 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE DP NAME PARADIS, THOMAS L STREET ADDRESS 504 SE 19TH ST, UNIT 1 CITY-ST-ZIP FT. LAUDERDALE, FL 33316 | <input type="checkbox"/> Delete | | TITLE D NAME Avery, Devin STREET ADDRESS 115 S. Andrews Ave #A540 CITY-ST-ZIP FORT Lauderdale, FL 33301 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE DV NAME AVON, RANDY STREET ADDRESS 2100 NE 55TH STREET CITY-ST-ZIP FORT LAUDERDALE, FL 33308 | <input checked="" type="checkbox"/> Delete | | TITLE D NAME Kurtz, Martin STREET ADDRESS 3101 N. Federal Hwy #700 CITY-ST-ZIP Fort Lauderdale, FL 33306 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE D NAME Paladino, Corina STREET ADDRESS 500 N.E. Spanish River Rd #12 CITY-ST-ZIP Boca Raton, FL 33431 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE D NAME Braga, John STREET ADDRESS 860 N.W. 81 Way #13 CITY-ST-ZIP Plantation, FL 33324 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE D NAME Firestone, George STREET ADDRESS 6414 Barnside Drive CITY-ST-ZIP Cooper City, FL 33026 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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: <u>Thomas L. Paradis</u> 7-1-05 954-624-9748 | | | | | |