



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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<b>DOCUMENT # 757006</b> 1. Entity Name <b>THE GREATER MIAMI SOCIETY FOR HUMAN RESOURCE MANAGEMENT, INC.</b>						<b>FILED</b> <b>04 JAN 22 PM 4:56</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>7154 N. UNIVERSITY DR STE 299 TAMARAC, FL 33321</b>				Mailing Address <b>P.O. BOX 277622 MIRAMAR, FL 33027</b>			
2. Principal Place of Business		3. Mailing Address		 01222004 Chg-NP CR2E037 (10/03) <i>See Attach</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number <b>65-0231220</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>MARGULIES, LYNN 1401 NW 36 AVE #304 SUNRISE, FL 33323</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
B. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PED MARGULIES, LYNN 1401 NW 36 AVE #304 SUNRISE, FL 33323</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800027873098</b> <b>01/29/04--01033--009 **61.25</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD REY-WILSON, LAURDES 2720 CORAL WAY 4TH FLOOR MIAMI, FL 33145</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD GIRADO, ODALYS 8181 NW 36 ST #22 MIAMI, FL 33166</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD CASTILLO-FRICK, ILIANA 1515 GENOA STREET CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TS</b> <input type="checkbox"/> Change <input 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)(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.							
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							



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Business Entity Name

**THE GREATER MIAMI SOCIETY FOR HUMAN RESOURCE MANAGEMENT,  
INC.**

FEI Number

65023122

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No \$8.75 each

## Principal Place of Business

Address

7154 N. UNIVERSITY DR

Suite, Apt. #, etc.

STE 299

City, State

TAMARAC

FL

Zip Code &amp; Country

33321

US

## Mailing Address

Address

7154 N. UNIVERSITY DR

Suite, Apt. #, etc.

STE 299

City, State

TAMARAC

FL

Zip Code &amp; Country

33321

US

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

FARMER

JUDITH

-or- RA Business Name

Address

2800 PONCE DE LEON , 8TH FLOOR

Suite, Apt. #, etc.

City, State

CORAL GABLES

FL

Zip Code &amp; Country

33134

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.



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Business Entity Name

THE GREATER MIAMI SOCIETY FOR HUMAN RESOURCE MANAGEMENT,  
INC.Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

## ---Officer/Director Name And Address

Title PED  
Name (Last, First, Middle, Title) CASTILLO-FRICK ILIANA  
-or- Entity Name  
Street Address 11011 SW 104 STREET  
City, State MIAMI FL  
Zip Code & Country 33176

Title SD  
Name (Last, First, Middle, Title) CARDENAL NIEVES  
-or- Entity Name  
Street Address 11800 SW 147 AVE, MS 52-A01  
City, State MIAMI FL  
Zip Code & Country 33116

Title TD  
Name (Last, First, Middle, Title) FARMER JUDITH  
-or- Entity Name  
Street Address 2800 PONCE DE LEON, 8TH FLOOR  
City, State CORAL GABLES FL  
Zip Code & Country 33134

Title PD  
Name (Last, First, Middle, Title) PEREZ DIANA

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Registered Agent Signature **JUDITH FARMER** 

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-or- Entity Name   
 Street Address   
 City, State    
 Zip Code & Country

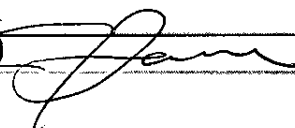
Title   
 Name (Last, First, Middle, Title)

-or- Entity Name   
 Street Address   
 City, State    
 Zip Code & Country

Title   
 Name (Last, First, Middle, Title)

-or- Entity Name   
 Street Address   
 City, State    
 Zip Code & Country

An individual named above must type their name in the  
 'Officer/Director Signature' block below. A corporate name is not  
 allowed in this block.

Title   
 Officer/Director Signature  

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