


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000004710</b> 1. Entity Name NATIONAL ASSOCIATION OF WOMEN BUSINESS OWNERS, GREATER MIAMI, INC.	
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Principal Place of Business 1895 PONCE DE LEON BLVD., STE. 299 CORAL GABLES, FL 33134	Mailing Address 1895 PONCE DE LEON BLVD., STE. 299 CORAL GABLES, FL 33134
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02172005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 04-3700816	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  OUELLETTE, DELANEA 8001 GRAND CANAL DRIVE MIAMI, FL 33144
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**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAN MARTIN, LOURDES 5000 SW 75 AVENUE, #202 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHELAN, CLARE 5019 SW 71 PLACE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALEXIS, CARMEN 12154 SW 131 AVENUE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALEXANDER, CAROL 11375 SW 112 CIRCLE LANE SOUTH MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000233109  
02/22/05-80030-013 61.25

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Lourdes for Martin</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
2/18/05 305 2337760 Date Daytime Phone #