

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743673

FILED
Apr 30, 2005
Secretary of State

Entity Name: TAU KAPPA EPSILON OF CORAL GABLES, INCORPORATED

Current Principal Place of Business:

1505 SW 15 AVENUE
FT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

PO BOX 2267
FT LAUDERDALE, FL 33303

New Mailing Address:

FEI Number: 59-1871488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOSLEMI, TROY N
215 SW 17 AVENUE
STE. 205
MIAMI, FL 33135 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: PD () Delete
Name: RITCHIE, CHARLES M
Address: 1505 SW 15 AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: VPD () Delete
Name: MOSLEMI, TROY N
Address: 215 SW 17TH AVE. STE. 205
City-St-Zip: MIAMI, FL 33135

Title: TD () Delete
Name: SUKCHANACNPAN, KENGKAJ
Address: 8951 SW 72 STREET #204
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: BERNAUER, JEREMY
Address: 9151 SW 138 PLACE
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: VILDOSOLA, GUILLERMO III
Address: 7843 SW 162 PLACE
City-St-Zip: MIAMI, FL 33193

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHARLES M. RITCHIE

PSD

04/30/2005

Electronic Signature of Signing Officer or Director

Date