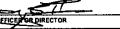
2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2006 8:00 am Secretary of State

1. Entity Name THE HALLANDALE - PEMBROKE PARK CHAMBER OF COMMERCE, INC.								04-14-2	:006 90	0137	040 *	·***61.2	25	
Principal Place of Business 1117 E HALLANDALE BCH BLVD #5 HALLANDALE, FL 33009 US Mailing Address P.O. BOX 249 HALLANDALE, FL					L 33008 US			40848200						
•				3. Mailing Address 1117 E. HALLANGALE BCH BLVD										
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04042006 Chg-NP CR2E037 (11/05)						
City & State			City & State HALLANDALE BEAC			ACH F	=	4. FEI Number 59-1717977				oplied For ot Applicable		
Zip		Country	Zip 3300		Coul	ntry SA		5. Certificate	e of Status	Desired			8.75 Add ee Require	
	6. Name	e and Address of Current	Registered Ager	ıt				7. Name and	d Address	of New	Regist	ered A	gent	
					ľ	Name				•				
HIBBITTS, CYNTHIA J. 1117 E HALLANDALE BEACH BLVD HALLANDALE, FL 33009						Street A	ddress (P.O. Box Numb	per is Not A	çceptab	le)			
TINEDATO	, , , , , , , , , , , , , , , , , , ,	0000				City							Zip Cod	
						City						FL	Zip Coo	e
		ty submits this statement fo stered agent.	or the purpose of o	changing its re	gistere	ed office or	r register	ed agent, or bo	oth, in the S	itate of F	lorida.	I am fa	miliar with,	and accept
SIGNATURE.														
SIGNATURE.	Signature, typed	d or printed name of registered agent	and title if applicable.	(NOTE: F	Registered	i Agent signat	ure required	when reinstating)			ı	DATE		
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution.										
	-			•	-		0	\$5.00 May Added to Fees	Be S				payable t nent of S	
10.	Due by I			•	-		,	Added to Fee:	S	, Flo	rida D	Departi	nent of S	tate N 10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HIBBITTS 1117 E H	May 1, 2006	RECTORS	•	11. TITLE NAME STREE	on.	PD DR	Added to Fee: ADDITIONS/CH JoSEPH E. HALL	HANGES TO	OFFICE ATEC	erida D ERS AI S V I & C H	Departi ND DIR T BLV	nent of S ECTORS IN	tate
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record certify that the information supplied with this riling uces not qualify for the exemptions contained in Chapter 119, 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:



HID TYPED OR PRINTED NAME OF SICH

46/2006

954 454-0541

Daytime Phone #