# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 28, 2007**
**Secretary of State**

DOCUMENT# 729845

**Entity Name:** THE VILLAGE SOUTH INSTITUTE OF HUMAN RESOURCES, INC.

**Current Principal Place of Business:**

3180 BISCAYNE BLVD.
MIAMI, FL 33137

**New Principal Place of Business:**

3050 BISCAYNE BLVD.
SUITE 900
MIAMI, FL 33137

**Current Mailing Address:**

3180 BISCAYNE BLVD.
MIAMI, FL 33137

**New Mailing Address:**

3050 BISCAYNE BLVD.
SUITE 900
MIAMI, FL 33137

**FEI Number: 23-7410605** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., SUITE 101
TALLAHASSEE, FL 32301 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: | STEINBERG, RICHARD | |
| Address: | 900 GRIER DRIVE | |
| City-St-Zip: | LAS VEGAS, NV 89104 | |
| Title: | DST | ( ) Delete |
| Name: | HOLDER, JAY | |
| Address: | 3303 FLAMINGO DRIVE | |
| City-St-Zip: | MIAMI, FL 33140 | |
| Title: | DC | (X) Delete |
| Name: | SILVERMAN, ADAM | |
| Address: | 2800 PONCE DE LEON BLVD STE 1125 | |
| City-St-Zip: | CORAL GABLES, FL 33134 | |
| Title: | D | ( ) Delete |
| Name: | TOM, WALSH | |
| Address: | 180 28TH AVENUE NORTH | |
| City-St-Zip: | ST PETERSBURG, FL 33704 | |
| Title: | CD | ( ) Delete |
| Name: | CASSINGER, MARY | |
| Address: | 2950 S INDUSTRIAL RD | |
| City-St-Zip: | LAS VEGAS, NV 89109 | |
| Title: | D | ( ) Delete |
| Name: | WADHAMS, JIM | |
| Address: | 3773 HOWARD HUGHES PKWY 3RD FL | |
| City-St-Zip: | LAS VEGAS, NV 89109 | |

**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: | |
| 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 Chapter 119, 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: AURELIO F. MORRELL CFO 03/28/2007

Electronic Signature of Signing Officer or Director — Date