

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000005814

**Entity Name:** SOUTHEAST FLORIDA CHAPTER OF INTERNATIONAL  
CONCRETE REPAIR INSTITUTE INC**FILED**  
**Apr 10, 2014**  
**Secretary of State**  
**CC3637544871****Current Principal Place of Business:**1 EAST BROWARD BLVD  
SUITE 1800  
FORT LAUDERDALE, FL 33301**Current Mailing Address:**1450 SW 10TH STREET - STE. 8  
DELRAY BEACH, FL 33444**FEI Number: NOT APPLICABLE****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LESSER, STEVEN B  
1 EAST BROWARD BLVD - STE. 1800  
FORT LAUDERDALE, FL 33301 US*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**Officer/Director Detail :**

Title	VP
Name	LESSER, STEVEN
Address	3111 STIRLING ROAD
City-State-Zip:	FT LAUDERDALE FL 33312

Title	D
Name	CIMINO, LOUIE
Address	660 NW 85TH STREET
City-State-Zip:	MIAMI FL 33150

Title	DP
Name	FORD, RICH
Address	3121 SW 1ST TERRACE
City-State-Zip:	FORT LAUDERDALE FL 33315

Title	T
Name	BIANCHINI, ALESSANDRA
Address	1450 SW 10TH ST. - STE. 8
City-State-Zip:	DELRAY BEACH FL 33444

Title	SECRETARY
Name	BARRET, JEFFREY
Address	832 PIKE ROAD
City-State-Zip:	WPB FL 33411

*I hereby 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 all other like empowered.*

**SIGNATURE: ALESSANDRA BIANCHINI****TREASURER****04/10/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date