2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#713308

Apr 29, 2009 Secretary of State

Entity Name: SOCIETY OF FINANCIAL SERVICE PROFESSIONALS, MIAMI CHAPTER, INC.

Current Principal Place of Business: New Principal Place of Business: 8930 STATE RD 84 NO. 316 DAVIE, FL 33324 **Current Mailing Address: New Mailing Address:** 8930 STATE RD 84 NO. 316 DAVIE, FL 33324 FEI Number: 23-7227037 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WOLONICK, LINDA M 9662 RIDGÉCREST COURT DAVIE, FL 33328 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete PETERSON, VALERIE L BARRIONUEVO, LUIS O Name: Name: Address: 1550 NE MIAMI GARDENS DRIVE, SUITE 507 Address: 3401 SW 160 AVENUE, STE. 400 City-St-Zip: NORTH MIAMI BEACH, FL 33179 City-St-Zip: MIRAMAR, FL 33027 Title: (X) Change () Addition () Delete Name: MARSENGILL, MICHAEL C JR Name: PROBY, JONATHAN

Title:

Name:

Name: CURRAN, JOHN Address: 10651 N.W. 20 STREET City-St-Zip: PEMBROKE PINES, FL 33026

Address: 1900 GLADES ROAD, SUITE 307 Address: 3325 HOLLYWOOD BOULEVARD, STE, 400B City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: HOLLYWOOD, FL 33021 Title: () Delete Title: () Change () Addition WOLONICK, LINDA M Name: 8930 STATE ROAD 84, NO. 316 Address: Address: City-St-Zip: **DAVIE. FL 33324** City-St-Zip: Title: (X) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: LUIS O. BARRIONUEVO Ρ 04/29/2009