


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90041 040 \*\*\*\*61.25

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<b>DOCUMENT # 719311</b>							
1. Entity Name <b>FLORIDA STATE CHAPTER OF INTERNATIONAL ASSOCIATION OF PERSONNEL IN EMPLOYMENT SECURITY</b>							
Principal Place of Business 107 EAST MADISON ST TALLAHASSEE, FL 32399		Mailing Address 19530 N.E. 18 PLACE NORTH MIAMI BEACH, FL 33179 US					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number <b>59-1022380</b>			
				Applied For <input type="checkbox"/> Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>GROSS, DONALD</b> <b>19530 N.E. 18 PLACE</b> <b>NORTH MIAMI BEACH, FL 33179</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ DATE _____							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
				<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SOKOL, ALAN		NAME	Adams, Mitt			
STREET ADDRESS	3411 NW 9 AVE, STE 704		STREET ADDRESS	3411 N. W. 9 Ave, Ste. 704			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP	Ft. Lauderdale, FL 33309			
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CARAWAY, ROBERTA		NAME	Philmore, Alouzo			
STREET ADDRESS	2610 W. OAKLAND PK. BLVD		STREET ADDRESS	P.O. Box 524			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311		CITY-ST-ZIP	Live Oak, FL 32064			
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GROSS, DONALD		NAME				
STREET ADDRESS	19530 N.E. #18 PLACE		STREET ADDRESS				
CITY-ST-ZIP	N. MIAMI BEACH, FL 33179		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Donald Gross</i>		Date: 2-11-05		Daytime Phone #: 954-677-5411			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			