

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90328 013 ****61.25

DOCUMENT # 719813					
1. Entity Name COMMERCIAL INDUSTRIAL REAL ESTATE BROKERS ASSOCIATION, INC.					
Principal Place of Business 2787 E OAKLAND PK BLVD SUITE 212 FT LAUDERDALE, FL 33306 US			Mailing Address 2787 E OAKLAND PK BLVD SUITE 212 FT LAUDERDALE, FL 33306 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 59-1315903	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JONES, MATT 412 S.E. 18 STREET FORT LAUDERDALE, FL 33316				Name <u>Joseph P. Byrnes</u>	
				Street Address (P.O. Box Number is Not Acceptable)	
				8050 Universal Blvd #100	
				City <u>Fort Lauderdale</u>	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: <u>Joseph P. Byrnes - President</u>		Joseph P. Byrnes, President		4-5-05	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JONES, MATT	NAME			
STREET ADDRESS	412 SE 18 STREET	STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	CITY-ST-ZIP			
TITLE	VPD <input type="checkbox"/> Delete	TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BYRNES, JOE	NAME			
STREET ADDRESS	8050 UNIVERSAL BLVD #100	STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	CITY-ST-ZIP	33331		
TITLE	SD <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COHEN, FRED	NAME			
STREET ADDRESS	3409 NW-55 STREET	STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERDEGEN, BETH	NAME			
STREET ADDRESS	20801 BISCAYNE BLVD.	STREET ADDRESS			
CITY-ST-ZIP	AVENTURA, FL 33180	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	VPD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FOGEL, MITCH	NAME	Dehlinger, Lynn		
STREET ADDRESS	2500 N MILITARY TRAIL # 111	STREET ADDRESS	225 NE Mizner Blvd #675		
CITY-ST-ZIP	BOCA RATON, FL 33431	CITY-ST-ZIP	Boca Raton FL 33433		
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BERGER, LLOYD	NAME	Deborah Fink		
STREET ADDRESS	4300 N UNIVERSITY DRIVE # C 202	STREET ADDRESS	5300 N Federal Highway		
CITY-ST-ZIP	LAUDERHILL, FL 33351	CITY-ST-ZIP	Fort Lauderdale FL 33308		
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: <u>Joseph P. Byrnes - President</u>		Joseph P. Byrnes President		4-5-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 954-566-5738	

50037838



03282005 Chg-NP CR2E037 (10/03)