



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 Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="font-size: 24px; font-weight: bold;">50037838</div> 	
03282005 Chg-NP CR2E037 (10/03)				4. FEI Number 59-1315903	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent JONES, MATT 412 S.E. 18 STREET FORT LAUDERDALE, FL 33316			7. Name and Address of New Registered Agent Name <u>Joseph P. Byrnes</u> Street Address (P.O. Box Number is Not Acceptable) <u>8050 Universal Blvd #100</u> City <u>Fort Lauderdale</u> <u>FL</u> 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> <u>Joseph P. Byrnes, President</u> <u>4-5-05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, MATT 412 SE 18 STREET FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BYRNES, JOE 8050 UNIVERSAL BLVD #100 FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>33331</u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COHEN, FRED 3409 NW-55 STREET FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERDEGEN, BETH 20801 BISCAYNE BLVD. AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOGEL, MITCH 2500 N MILITARY TRAIL # 111 BOCA RATON, FL 33431 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Dehlinger, Lynn 225 NE Mizner Blvd #675 Boca Raton FL 33433 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERGER, LLOYD 4300 N UNIVERSITY DRIVE # C 202 LAUDERHILL, FL 33351 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Deborah Fink 5300 N Federal Highway Fort Lauderdale FL 33308 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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> <u>Joseph P. Byrnes</u> <u>President</u> <u>4-5-05</u> <u>954-566-5738</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					