

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90293 005 \*\*\*\*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**

**60028322**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03202006

Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number

**59-1315903**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BYRNES, JOSEPH P  
8050 UNIVERSAL BLVD #100  
FORT LAUDERDALE, FL 33316**

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

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, MATT	
STREET ADDRESS	412 SE 18 STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BYRNES, JOE	
STREET ADDRESS	8050 UNIVERSAL BLVD #100	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33331	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	COHEN, FRED	
STREET ADDRESS	3469 NW 55 STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HERDEGEN, BETH	
STREET ADDRESS	20801 BISCAYNE BLVD.	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DEHLINGER, LYNN	
STREET ADDRESS	225 NE MIZNER BLVD #675	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FINK, DEBORAH	
STREET ADDRESS	5300 N FEDERAL HIGHWAY	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kirkpatrick, Todd	
STREET ADDRESS	2900 E Oakland Park Blvd	
CITY-ST-ZIP	Fort Lauderdale FL 33306	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cohen, Fred	
STREET ADDRESS	4000 Holly wood BLVD	
CITY-ST-ZIP	Hollywood FL 33621	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McMullen, Tom	
STREET ADDRESS	2703 E Commercial Blvd #200	
CITY-ST-ZIP	Fort Lauderdale FL 33308	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Parras, Elias	
STREET ADDRESS	6301 NW 5th Way	
CITY-ST-ZIP	Fort Lauderdale FL 33309	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Joseph P. Byrnes - President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-06

Date

954-566-5738

Daytime Phone #