

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90190 001 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1315903	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BYRNES, JOSEPH P 8050 UNIVERSAL BLVD #100 FORT LAUDERDALE, FL 33316			7. Name and Address of New Registered Agent Name <u>Bruce C. Boddie</u> Street Address (P.O. Box Number is Not Acceptable) <u>10100 W Sample Rd</u> City <u>Coral Springs</u> FL Zip Code <u>33065</u>		
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>[Signature]</u> <u>Bruce C. Boddie, Pres</u> <u>4/17/07</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, 2007		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 SD NAME KIRKPATRICK, TODD STREET ADDRESS 2900 E OAKLAND PARK BLVD CITY-ST-ZIP FORT LAUDERDALE, FL 33306	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Bruce C. Boddie STREET ADDRESS 10100 W Sample Rd CITY-ST-ZIP Coral Springs FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD NAME BYRNES, JOE STREET ADDRESS 8050 UNIVERSAL BLVD #100 CITY-ST-ZIP FORT LAUDERDALE, FL 33331	<input checked="" type="checkbox"/> Delete		TITLE TD NAME Kathleen Alberts STREET ADDRESS 1500 W Cypress Creek Rd #409 CITY-ST-ZIP Fort Lauderdale FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME COHEN, FRED STREET ADDRESS 4000 HOLLYWOOD BLVD CITY-ST-ZIP HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete		TITLE Rick L. Abedon, Jr. NAME 1500 W Cypress Creek Rd #409 STREET ADDRESS Fort Lauderdale FL 33309 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME HERDEGEN, BETH STREET ADDRESS 20801 BISCAYNE BLVD. CITY-ST-ZIP AVENTURA, FL 33180	<input type="checkbox"/> Delete		TITLE VD NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MCMULLEN, TOM STREET ADDRESS 2803 E COMMERCIAL BLVD., #200 CITY-ST-ZIP FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete		TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME PORRAS, ELIAS STREET ADDRESS 6301 NW 5TH WAY CITY-ST-ZIP FORT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Delete		TITLE Betina Lambrechts NAME 1508 SE 3rd Ave STREET ADDRESS Fort Lauderdale FL 33316 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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 another like empowered.					
SIGNATURE: <u>[Signature]</u>			<u>Bruce C. Boddie, Pres.</u> <u>4/17/07</u> <u>954-566-5738</u> <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone</small>		