

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729845

FILED  
Mar 28, 2007  
Secretary of State

**Entity Name:** THE VILLAGE SOUTH INSTITUTE OF HUMAN RESOURCES, INC.

**Current Principal Place of Business:**

3180 BISCAYNE BLVD.  
MIAMI, FL 33137

**New Principal Place of Business:**

3050 BISCAYNE BLVD.  
SUITE 900  
MIAMI, FL 33137

**Current Mailing Address:**

3180 BISCAYNE BLVD.  
MIAMI, FL 33137

**New Mailing Address:**

3050 BISCAYNE BLVD.  
SUITE 900  
MIAMI, FL 33137

FEI Number: 23-7410605

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD., SUITE 101  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: STEINBERG, RICHARD  
Address: 900 GRIER DRIVE  
City-St-Zip: LAS VEGAS, NV 89104

Title: DST ( ) Delete  
Name: HOLDER, JAY  
Address: 3303 FLAMINGO DRIVE  
City-St-Zip: MIAMI, FL 33140

Title: DC (X) Delete  
Name: SILVERMAN, ADAM  
Address: 2800 PONCE DE LEON BLVD STE 1125  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: TOM, WALSH  
Address: 180 28TH AVENUE NORTH  
City-St-Zip: ST PETERSBURG, FL 33704

Title: CD ( ) Delete  
Name: CASSINGER, MARY  
Address: 2950 S INDUSTRIAL RD  
City-St-Zip: LAS VEGAS, NV 89109

Title: D ( ) Delete  
Name: WADHAMS, JIM  
Address: 3773 HOWARD HUGHES PKWY 3RD FL  
City-St-Zip: LAS VEGAS, NV 89109

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AURELIO F. MORRELL

CFO

03/28/2007

Electronic Signature of Signing Officer or Director

Date