

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730056

FILED
Apr 26, 2007
Secretary of State

Entity Name: CORPORATE FIDUCIARIES ASSOCIATION OF SOUTHEAST FLORIDA, INC.

Current Principal Place of Business:

501 E. LAS OLAS BLVD
FORT LAUDERDALE, FL 33301 US

New Principal Place of Business:

Current Mailing Address:

501 E. LAS OLAS BLVD
FORT LAUDERDALE, FL 33301 US

New Mailing Address:

FEI Number: 59-1608989 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GILLIG, MARSHALL
501 E. LAS OLAS BLVD
FORT LAUDERDALE, FL 33301 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: ZALAKAR, CHARLES
Address: 1100 E. LAS OLAS BLVD
City-St-Zip: FT LAUDERDALE, FL 33301 US

Title: VPD () Delete
Name: MOLL, DIANA
Address: 2233 N COMMERCE PKWY ST 3
City-St-Zip: WESTON, FL 33326

Title: T () Delete
Name: GILLIG, MARSHALL
Address: 2001 HOLLYWOOD BLVD
City-St-Zip: HOLLYWOOD, FL 33020

Title: S () Delete
Name: FARESE, LINDA
Address: 800 S FEDERAL HWY
City-St-Zip: BOCA RATON, FL 33431

Title: D (X) Delete
Name: RESTREPO, JAIME
Address: 150 E PALMETTO PARK RD
City-St-Zip: BOCA RATON, FL 33432

Title: D (X) Delete
Name: STEIB, PETER
Address: 1800 CORPORATE BLVD
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MOLL, DIANA
Address: 2233 N COMMERCE PKWY ST 3
City-St-Zip: WESTON, FL 33326 US

Title: VPD (X) Change () Addition
Name: RESTREPO, JAIME
Address: 150 E PALMETTO PARK RD ST 2000
City-St-Zip: BOCA RATON, FL 33432

Title: T (X) Change () Addition
Name: GILLIG, MARSHALL
Address: 501 E LAS OLAS BLVD
City-St-Zip: FT LAUDERDALE, FL 33301

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 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: MARSHALL GILLIG

T

04/26/2007

Electronic Signature of Signing Officer or Director

Date