

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739471

FILED  
Apr 30, 2004  
Secretary of State

**Entity Name:** FLORIDA REGIONAL MINORITY BUSINESS COUNCIL, INC.

**Current Principal Place of Business:**

600 N.W. 79TH AVE  
STE 136  
MIAMI, FL 33126 US

**New Principal Place of Business:**

**Current Mailing Address:**

600 N.W. 79TH AVE  
STE 136  
MIAMI, FL 33126 US

**New Mailing Address:**

**FEI Number:** 59-1746154

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOUISSANT, BEATRICE  
600 NW 79TH AVE.  
SUITE 136  
MIAMI, FL 33126 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: TDVC ( ) Delete  
Name: JOHNSON, DOTTIE  
Address: 2200 NW 72ND AVE STE 204  
City-St-Zip: MIAMI, FL 33152

Title: SDT ( ) Delete  
Name: MADRIGAL, FELIPE  
Address: 1565 NW 88TH AVENUE  
City-St-Zip: MIAMI, FL 33172

Title: TDC ( ) Delete  
Name: CLIFTON, ADDISON  
Address: 1 HERALD PLAZA  
City-St-Zip: MIAMI, FL 33132

Title: PCEO ( ) Delete  
Name: LOUISSANT, BEATRICE  
Address: 600 N.W. 79TH AVE  
City-St-Zip: MIAMI, FL 33126 US

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BEATRICE LOUISSANT

OFFI

04/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date