


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90067 043 \*\*\*\*61.25

<b>DOCUMENT # 739471</b> 1. Entity Name FLORIDA REGIONAL MINORITY BUSINESS COUNCIL, INC.					
Principal Place of Business 600 N.W. 79TH AVE STE 388 MIAMI, FL 33126 US			Mailing Address 600 N.W. 79TH AVE STE #388 MIAMI, FL 33126 US		
2. Principal Place of Business <i>9499 NE. 2nd ave.</i>			3. Mailing Address <i>9499 NE. 2nd ave.</i>		
Suite, Apt. #, etc. <i># 201</i>			Suite, Apt. #, etc. <i># 201</i>		
City & State <i>Miami, FL</i>			City & State <i>Miami, FL</i>		
Zip <i>33138</i>		Country <i>USA</i>		Zip <i>33138</i>	
Country <i>USA</i>		4. FEI Number 59-1746154			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent  LOUISSANT, BEATRICE 600 NW 79TH AVE. SUITE 388 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDVC JOHNSON, DOTTIE 2200 NW 72ND AVE STE 204 MIAMI, FL 33152		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT GILL, A. WAYNE 600 N.W. 79TH AVE., # 388 MIAMI, FL 33126		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>9499 NE. 2nd ave. #201</i> <i>Miami, FL 33138</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDC JONES, OTIS 600 N.W. 79TH AVE., #388 MIAMI, FL 33126		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>9499 NE. 2nd ave. #201</i> <i>Miami, FL 33138</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO LOUISSANT, BEATRICE 600 N.W. 79TH AVE, #388 MIAMI, FL 33126		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>9499 NE. 2nd ave. #201</i> <i>Miami, FL 33138</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA FLOYD, LARAE 600 N.W. 79TH AVE. #388 MIAMI, FL 33126		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>9499 NE. 2nd ave. #201</i> <i>Miami, FL 33138</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 all other like empowered.					
<b>SIGNATURE:</b> <i>B Louissant</i>			Date <i>1/31/06</i> (35) 762-6151		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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02012006 Chg-NP CR2E037 (11/05)