

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739471

FILED  
May 07, 2009  
Secretary of State

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

**Current Principal Place of Business:**

9499 NE 2ND AVE  
SUITE 201  
MIAMI, FL 33138 US

**New Principal Place of Business:**

**Current Mailing Address:**

9499 NE 2ND AVE  
SUITE 201  
MIAMI, FL 33138 US

**New Mailing Address:**

**FEI Number:** 59-1746154 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

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: VICE ( ) Delete  
Name: ACOFF, RON  
Address: 2200 NW 72ND AVE STE 204  
City-St-Zip: MIAMI, FL 33152

Title: SDT ( ) Delete  
Name: GILL, A. WAYNE  
Address: 9499 NE 2ND AVE SUITE 201  
City-St-Zip: MIAMI, FL 33138

Title: TREA ( ) Delete  
Name: ACOSTA, ERASMO  
Address: 9499 NE 2ND AVE SUITE 201  
City-St-Zip: MIAMI, FL 33138

Title: PCEO ( ) Delete  
Name: LOUISSAINT, BEATRICE  
Address: 9499 NE 2ND AVE SUITE 201  
City-St-Zip: MIAMI, FL 33138 US

Title: PRES ( ) Delete  
Name: FLOYD, LARAE  
Address: 9499 NE 2ND AVE SUITE 201  
City-St-Zip: MIAMI, FL 33138

**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:

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: BEATRICE LOUISSAINT

PRES

05/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date