

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Feb 02, 2009
Secretary of State

DOCUMENT# 741750

Entity Name: DEAF SERVICE'S BUREAU, INC.

Current Principal Place of Business:6660 BISCAYNE BLVD.
2ND FLOOR
MIAMI, FL 33138 US**New Principal Place of Business:**11510 S.W. 131 AVENUE
MIAMI, FL 33186 US**Current Mailing Address:**6660 BISCAYNE BLVD.
2ND FLOOR
MIAMI, FL 33138 US**New Mailing Address:**11510 S.W. 131 AVENUE
MIAMI, FL 33186 US

FEI Number: 59-1872983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:HAMEROFF-COHEN, WENDY MS.
6660 BISCAYNE BLVD.
2ND FLOOR
MIAMI, FL 33138 US**Name and Address of New Registered Agent:**HAMEROFF-COHEN, WENDY MS.
11510 S.W. 131 AVENUE
MIAMI, FL 33186 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: WENDY HAMEROFF-COHEN

02/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: HAMEROFF-COHEN, WENDY MS.
Address: 11510 S.W. 131 AVENUE
City-St-Zip: MIAMI, FL 33186 USTitle: VPD () Delete
Name: TRACY, MARYELLEN MS.
Address: 1540 MILLER ROAD
City-St-Zip: CORAL GABLES, FL 33146 USTitle: TD () Delete
Name: MOSS, MICHAEL MR.
Address: 3090 S.W. 140 AVENUE
City-St-Zip: MIRAMAR, FL 33027 USTitle: SD () Delete
Name: VERGARA, KATHY MS.
Address: 5335 OAK LANE
City-St-Zip: CORAL GABLES, FL 33156 USTitle: D () Delete
Name: KOTOWSKI, PATRICIA MS.
Address: 10035 S.W. 135 STREET
City-St-Zip: MIAMI, FL 33176 USTitle: D () Delete
Name: TUYA, VIVIANA MS.
Address: 821 W. 53 STREET
City-St-Zip: HIALEAH, FL 33012 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: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: WENDY HAMEROFF-COHEN

MS.

02/02/2009

Electronic Signature of Signing Officer or Director

Date