

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749261

FILED
May 01, 2009
Secretary of State

Entity Name: MAYOR'S ECONOMIC TASK FORCE, INC.

Current Principal Place of Business:

420 NE 142 STREET
N. MIAMI, FL 33161 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 611681
N. MIAMI, FL 332611681

New Mailing Address:

FEI Number: 59-2396710 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

PAVILACK, MYRNA
470 NE 142ND ST
N MIAMI, FL 33161 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: TD () Delete
Name: COBO, BLANCA
Address: 13490 N.W. 7TH AVE.
City-St-Zip: N. MIAMI, FL 33168

Title: SD () Delete
Name: FALARDEAU, PEGGY
Address: 470 NE 142 STREET
City-St-Zip: N. MIAMI, FL 33161

Title: PD () Delete
Name: PAVILACK, MYRNA
Address: 470 NE 142 STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: VP () Delete
Name: MERKE, CLARENCE
Address: 905 NW 133 ST
City-St-Zip: MIAMI, FL 33168

Title: PD () Delete
Name: VOGEL, BARRY
Address: 1701 NE 127 STREET
City-St-Zip: NORTH MIAMI, FL 33181

Title: VP () Delete
Name: ANDREASEN, ROBERT
Address: 791 NE 127 STREET
City-St-Zip: NORTH MIAMI, FL 33161

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: BLANCA M. COBO

TD

05/01/2009

Electronic Signature of Signing Officer or Director

Date