2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749475

MIAMI, FL 33132

Apr 17, 2009 Secretary of State

Entity Name: SOUTHEAST FLORIDA EMPLOYERS PORT ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1588 PORT BLVD 1007 NORTH AMERICA WAY 403

MIAMI, FL 33132 US

MIAMI, FL 33132

Current Mailing Address: New Mailing Address:

P O BOX 011693 1007 NORTH AMERICA WAY

MIAMI, FL 33101 US 403

MIAMI, FL 33132 US

FEI Number: 59-2038909 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

MARAVOLO, CHARLES MARAVOLO, CHARLES 1588 PORT BLVD 1007 NORTH AMERICA WAY MIAMI, FL SUITE 403

MIAMI, FL 33132 US MIAMI, FL 33132 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: CHARLES MARAVOLO 04/17/2009

> Electronic Signature of Registered Agent Date

> > City-St-Zip:

MIAMI, FL 33132

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

BAKER, MARK J Name: BAKER, MARK J Name: 1588 PORT BLVD. Address: 1007 NORTH AMERICA WAY, SUITE 403 Address:

City-St-Zip: Title: () Delete Title: (X) Change () Addition

BALLESTERO, JOHNN Name: Name: BALLESTERO, JOHNN Address: 1588 PORT BLVD. Address: 1007 NORTH AMERICA WAY, SUITE 403

City-St-Zip: MIAMI, FL 33132 City-St-Zip: MIAMI, FL 33132

Title: () Delete Title: (X) Change () Addition MARAVOLO, C Name: MARAVOLO, C Name:

1588 PORT BLVD 1007 NORTH AMERICA WAY, SUITE 403 Address: Address:

City-St-Zip: MIAMI, FL City-St-Zip: MIAMI, FL 33132

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: CHARLES MARAVOLO S/T 04/17/2009