

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762204

FILED
Mar 27, 2007
Secretary of State

Entity Name: PROFESSIONAL BLACK FIREFIGHTERS ASSOCIATION,INC.

Current Principal Place of Business:

6600 NW 27TH AVE.
SUITE 203
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

6600 NW 27TH AVE.
SUITE 203
MIAMI, FL 33147

New Mailing Address:

FEI Number: 59-0630266 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STREET, WILLIAM
18210 NW 9TH AVE
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

STREET, WILLIAM
6600 NW 27 AVE
203
MIAMI -DADE, FL 33147 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: _____

03/27/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SOUFFRANT, NEAL
Address: 6600 27 AVE #203
City-St-Zip: MIAMI, FL 33147

Title: VP () Delete
Name: BROWN, KIBBIE
Address: 18020 NW 7 PL
City-St-Zip: MIAMI, FL 33169

Title: T () Delete
Name: STREET, WILLIAM E
Address: 18210 NW 9 AVE.
City-St-Zip: MIAMI, FL 33169

Title: S () Delete
Name: JONES, ALLEN
Address: 11970 SW 19 ST
City-St-Zip: MIRAMAR, FL 33025

Title: SA () Delete
Name: WARD, WILLIAM C
Address: 8715 SHERATON DR
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: BROWN, KIBBIE
Address: 6600 NW 27 AVE # 203
City-St-Zip: MIAMI-DADE, FL 33147

Title: T (X) Change () Addition
Name: STREET, WILLIAM E
Address: 6600 NW 27 AVE # 203
City-St-Zip: MIAMI, FL 33147

Title: S (X) Change () Addition
Name: JONES, ALLEN
Address: 6600 NW 27 AVE # 203
City-St-Zip: MIAMI-DADE, FL 33147

Title: SA (X) Change () Addition
Name: WARD, WILLIAM C
Address: 6600 NW 27 AVE # 203
City-St-Zip: MIAMI-DADE, FL 33147

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM E STREET

T

03/27/2007

Electronic Signature of Signing Officer or Director

Date