

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762204

FILED  
Feb 08, 2010  
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 ( )**

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

STREET, WILLIAM  
6600 NW 27 AVE  
203  
MIAMI -DADE, FL 33147 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:** P  
**Name:** TURNER, ROBERT  
**Address:** 6600 27 AVE #203  
**City-St-Zip:** MIAMI, FL 33147

**Title:** VP  
**Name:** DEGLACE, JACKSON  
**Address:** 6600 NW 27 AVE # 203  
**City-St-Zip:** MIAMI-DADE, FL 33147

**Title:** T  
**Name:** STREET, WILLIAM E  
**Address:** 6600 NW 27 AVE # 203  
**City-St-Zip:** MIAMI, FL 33147

**Title:** S  
**Name:** IRIZARRY, TORIANO  
**Address:** 6600 NW 27 AVE # 203  
**City-St-Zip:** MIAMI-DADE, FL 33147

**Title:** SA  
**Name:** PERKINS, GARY C  
**Address:** 6600 NW 27 AVE # 203  
**City-St-Zip:** MIAMI-DADE, FL 33147

I hereby 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 all other like empowered.

**SIGNATURE:** WILLIAM E STREET

T

02/08/2010

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

\_\_\_\_\_  
Date