2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#762204

Feb 21, 2011 Secretary of State

Entity Name: PROFESSIONAL BLACK FIREFIGHTERS ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

6600 NW 27TH AVE. 3120 SW COLLINGS DR SUITE 203

PORT SAINT LUCIE, FL 34953

Current Mailing Address:

MIAMI, FL 33147

New Mailing Address:

6600 NW 27TH AVE. 3120 SW COLLINGS DR.

PORT SAINT LUCIE, FL 34953 SUITE 203 MIAMI, FL 33147

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

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

STREET, WILLIAM

6600 NW 27 AVE 3120 SW COLLINGS DR 203

MIAMI -DADE, FL 33147 US

PORT SAINT LUCIE, FL 34953 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:

STREET, WILLIAM

02/21/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

TURNER, ROBERT Name: Address: 3120 SW COLLINGS DR City-St-Zip: PORT SAINT LUCIE, FL 34953

Title:

Name: DEGLACE, JACKSON Address: 3120 SW COLLINGS DR City-St-Zip: PORT SAINT LUCIE, FL 34953

Title:

STREET, WILLIAM E Name: 3120 SW COLLINGS DR Address: City-St-Zip: PORT SAINT LUCIE, FL 34953

Title:

Name: IRIZARRY, TORIANO 3120 SW COLLINGS DR Address: City-St-Zip: PORT SAINT LUCIE, FL 34953

Title:

PERKINS, GARY C Name: 3120 SW COLLINGS DR Address: PORT SAINT LUCIE, FL 34953 City-St-Zip:

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.

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SIGNATURE: WILLIAM E STREET

02/21/2011