2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# 766151

Entity Name: MIAMI CHAPTER OF CONSTRUCTION SPECIFICATIONS INSTITUTE, INC.

Current Principal Place of Business:

6528 W 3RD CT
HIALEAH, FL 33012 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 526104
MIAMI, FL 33152 US

New Mailing Address:

FEI Number: 59-2797273 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEISECA, REMBERTO J
6528 W 3RD CT
HIALEAH, FL 33012 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 ( ) Delete
Name: ARRINGTON, LAWRENCE
Address: PO BOX 526104
City-St-Zip: MIAMI, FL 33152

Title: V ( ) Delete
Name: KYRYLUK, JENNIE
Address: PO BOX 526204
City-St-Zip: MIAMI, FL 33152

Title: IPP ( ) Delete
Name: LEISECA, REMBERTO J
Address: PO BOX 526204
City-St-Zip: MIAMI, FL 33152

Title: D ( ) Delete
Name: FORS, LUIS
Address: PO BOX 526204
City-St-Zip: MIAMI, FL 33152

Title: D ( ) Delete
Name: MILLER, JOSEPH
Address: PO BOX 526204
City-St-Zip: MIAMI, FL 33152

Title: T ( ) Delete
Name: GARCIA, ALICIA
Address: PO BOX 526204
City-St-Zip: MIAMI, FL 33152

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: RABB, MICHAEL
Address: PO BOX 526204
City-St-Zip: MIAMI, FL 33152

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

Title: S (X) Change ( ) Addition
Name: FORS, LUIS
Address: PO BOX 526204
City-St-Zip: MIAMI, FL 33152

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 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: REMBERTO J LEISECA IPP 04/28/2006

Electronic Signature of Signing Officer or Director — Date