

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767150

FILED
May 02, 2005
Secretary of State

Entity Name: MIAMI ASSOCIATION OF COMMUNICATION SPECIALISTS, INC.

Current Principal Place of Business:

2520 SW 22 CT
#2-140
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

2520 SW 22 CT
#2-140
MIAMI, FL 33145

New Mailing Address:

FEI Number: 59-1834674 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TORRES, LAURA
3411 INDIAN CREEK DR.
#1203
MIAMI BEACH, FL 33140 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: BRUNO, CONCETTA
Address: 1000 QUAYSIDE TER., #1605
City-St-Zip: MIAMI, FL 33138

Title: PP () Delete
Name: SANTA, DAPHNE
Address: 16425 BRIDGE END RD.
City-St-Zip: MIAMI LAKES, FL 33014

Title: PE () Delete
Name: JACIR, EDITH
Address: 1046 WATERSIDE CIR.
City-St-Zip: WESTON, FL 33327

Title: VP () Delete
Name: EVANS, RACHEL
Address: 16218 SW 92ND AVE.
City-St-Zip: MIAMI, FL 33157

Title: S () Delete
Name: LOPES, LUCY
Address: 814 PIZARRO ST.
City-St-Zip: CORAL GABLES, FL 33134

Title: T () Delete
Name: TORRES, LAURA
Address: 3411 INDIAN CREEK DR., #1203
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PP (X) Change () Addition
Name: BRUNO, CONCETTA
Address: 1000 QUAYSIDE TER., #1605
City-St-Zip: MIAMI, FL 33138

Title: PE (X) Change () Addition
Name: SLAPIN, ANITA
Address: 5526 SW118 AVE
City-St-Zip: COOPER CITY, FL 33330

Title: P (X) Change () Addition
Name: JACIR, EDITH
Address: 1046 WATERSIDE CIR.
City-St-Zip: WESTON, FL 33327

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

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 Section 119.07(3)(i), 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: LAURA TORRES

T

05/02/2005

Electronic Signature of Signing Officer or Director

Date