## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000003424

FILED May 01, 2007 Secretary of State

Entity Name: THE MINORITY E-COMMERCE ASSOCIATION, INC.

Current Pi	rincipal Place of Business:	New Prince	cipal Place of Business:
	ROWARD BLVD.		
#100 FT. LAUDE	ERDALE, FL 33312		
	ailing Address:	New Mail	ing Address:
2000 W/ DI	ROWARD BLVD.		_
5600 VV. Бі #100	ROWARD BLVD.		
FT. LAUDE	ERDALE, FL 33312		
n accordanc	ce with s. 607.193(2)(b), F.S., the corporation did not receive	·=	e.
Name and	Address of Current Registered Agent:	Name and	Address of New Registered Agent:
	ENA M EST STREET OOD, FL 33020 US		
	00,12 00020		
	named entity submits this statement for the purpose of Florida.	of changing	its registered office or registered agent, or both,
n the State	named entity submits this statement for the purpose of Florida.	of changing	its registered office or registered agent, or both,
n the State	named entity submits this statement for the purpose of Florida.	of changing	its registered office or registered agent, or both,  Date
n the State	named entity submits this statement for the purpose of Florida.		
n the State SIGNATUF  DFFICERS  ittle: lame: .ddress:	named entity submits this statement for the purpose of Florida.  RE:  Electronic Signature of Registered Agent		Date
n the State  BIGNATUF  DFFICERS  ittle: lame: .ddress: .bity-St-Zip:	named entity submits this statement for the purpose of Florida.  RE:  Electronic Signature of Registered Agent  S AND DIRECTORS:  D () Delete BURRELL, NATHAN 1800 NE 114 TH STREET #1911	ADDITION Title: Name: Address:	Date NS/CHANGES TO OFFICERS AND DIRECTOR
n the State  CIGNATUR  DFFICERS  ittle: lame: ddress: itty-St-Zip: ittle: lame:	named entity submits this statement for the purpose of Florida.  RE:  Electronic Signature of Registered Agent  S AND DIRECTORS:  D () Delete BURRELL, NATHAN 1800 NE 114 TH STREET #1911 MIAMI, FL 33181  D () Delete LESESNE, TONY D	ADDITION Title: Name: Address: City-St-Zip: Title: Name:	Date  NS/CHANGES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition  D (X) Change ( ) Addition  BURRELL, JACQUECINE
n the State  SIGNATUF  DFFICERS  itle: lame: .ddress: .city-St-Zip: itle: lame: .ddress:	named entity submits this statement for the purpose of Florida.  RE:  Electronic Signature of Registered Agent  S AND DIRECTORS:  D () Delete BURRELL, NATHAN 1800 NE 114 TH STREET #1911 MIAMI, FL 33181  D () Delete	ADDITION Title: Name: Address: City-St-Zip: Title:	Date  NS/CHANGES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition  D (X) Change ( ) Addition
n the State  BIGNATUF  DFFICERS  ittle: lame: .ddress: bity-St-Zip: ittle: lame: .ddress: city-St-Zip: ittle: lame: .ddress: ittle: lame: .ddress:	named entity submits this statement for the purpose of Florida.  RE:  Electronic Signature of Registered Agent  S AND DIRECTORS:  D () Delete BURRELL, NATHAN 1800 NE 114 TH STREET #1911 MIAMI, FL 33181  D () Delete LESESNE, TONY D 3001 S.W. 64TH TERRACE	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	Date  NS/CHANGES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition  D (X) Change ( ) Addition  BURRELL, JACQUECINE 1800 NE 114 TH STREET #1911
n the State  SIGNATUR  DFFICERS  ittle: lame: .ddress: .city-St-Zip: ittle: lame: .ddress: .city-St-Zip: ittle: lame: .ddress: .city-St-Zip: .citle: .ddress: .city-St-Zip: .citle: .ddress: .city-St-Zip:	named entity submits this statement for the purpose of Florida.  RE:  Electronic Signature of Registered Agent  S AND DIRECTORS:  D () Delete BURRELL, NATHAN 1800 NE 114 TH STREET #1911 MIAMI, FL 33181  D () Delete LESESNE, TONY D 3001 S.W. 64TH TERRACE MIRRIMAR, FL 33023  D () Delete HARVEY, RODERICK 19030 N.W. 54 AVE	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	Date  NS/CHANGES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition  D (X) Change ( ) Addition  BURRELL, JACQUECINE 1800 NE 114 TH STREET #1911  MIAMI, FL 33181
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I hereby certify that the information supplied with this filing does not qualify 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: NATHAN BURRELL D 05/01/2007