

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90111 012 ****61.25

DOCUMENT # N00797	
1. Entity Name WOMEN'S CHAMBER OF COMMERCE OF MIAMI-DADE COUNTY, INC.	

Principal Place of Business PLAZA 51-225 444 BRICKELL AVE MIAMI, FL 33131 US	Mailing Address PLAZA 51-225 444 BRICKELL AVE MIAMI, FL 33131 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

50049470



04272005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2371670	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
ELIAS-LEVENSON, CARMEN 5979 NW 151 STREET, STE 221 HIALEAH, FL 33014	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

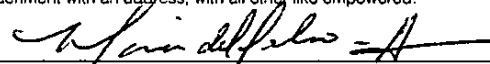
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	VPD ☐ Delete
NAME	EHRICH, PAULA
STREET ADDRESS	1000 VENETHIAN WAY, 31702
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	PD ☐ Delete
NAME	ELIAS-LEVENSON, CARMEN
STREET ADDRESS	ONE SE THIRD AVE TENTH FLOOR
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	SD ☐ Delete
NAME	SYLLA, SHELLA
STREET ADDRESS	2155 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33180
TITLE	PP ☐ Delete
NAME	PAINBRIDGE, GAYLE
STREET ADDRESS	90 ALMERIO AVE
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	TD ☐ Delete
NAME	ANDERSON, PAMELA
STREET ADDRESS	200 S. BISCAYNE BLVD., #1700
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VPD ☒ Change ☐ Addition
NAME	SUSAN W DEPASS
STREET ADDRESS	21001 SW 150TH AVE.
CITY-ST-ZIP	MIAMI, FL. 33187-4605
TITLE	PD ☒ Change ☐ Addition
NAME	EHRICH, PAULA
STREET ADDRESS	1000 VENETHIAN WAY 31702
CITY-ST-ZIP	MIAMI BEACH, FL. 33139
TITLE	SD ☒ Change ☐ Addition
NAME	LISA N MCGILL
STREET ADDRESS	17125 N BAY RD # 3409
CITY-ST-ZIP	SUNNY ISLES BEACH, FL. 33160
TITLE	PP ☒ Change ☐ Addition
NAME	ELIAS LEVENSON, CARMEN
STREET ADDRESS	5979 NW 151 STREET, STE 221
CITY-ST-ZIP	HIALEAH FL. 33014
TITLE	TD ☒ Change ☐ Addition
NAME	MARIA DEL CALVO-HEVIA
STREET ADDRESS	999 PONCE DE LEON, STE 1045
CITY-ST-ZIP	CORAL GABLES, FL. 33134
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4-29-05 305-444-8288**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **Ext 117**