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.

50049470

Principal Place of Business	Mailing Address
PLAZA 51-225 444 BRICKELL AVE MIAMI, FL 33131 US	PLAZA 51-225 444 BRICKELL AVE MIAMI, FL 33131 US

04272005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2371670 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ELIAS-LEVENSON, CARMEN 5979 NW 151 STREET, STE 221 HIALEAH, FL 33014	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD EHRICH, PAULA 1000 VENETHIAN WAY, 31702 MIAMI BEACH, FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SUSAN W DEPASS 2100 SW 150TH AVE. MIAMI, FL. 33187-4605 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ELIAS-LEVENSON, CARMEN ONE SE THIRD AVE TENTH FLOOR MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD EHRICH, PAULA 1000 VENETHIAN WAY 31702 MIAMI BEACH, FL. 33139 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SYLLA, SHELLA 2155 BISCAYNE BLVD MIAMI, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LISA N MCGILL 17125 N BAY RD # 3409 SUNNY ISLES BEACH, FL. 33160 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PP PAINBRIDGE, GAYLE 90 ALMERIO AVE CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PP ELIAS LEVENSON, CARMEN 5979 NW 151 STREET, STE 221 HIALEAH FL. 33014 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ANDERSON, PAMELA 200 S. BISCAYNE BLVD., #1700 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MARIA DEL CALVO-HEVIA 999 PONCE DE LEON, STE 1045 CORAL GABLES, FL. 33134 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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