2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

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Entity Name: SOUTH FLORIDA INTERFAITH COMMITTEE FOR WORKER JUSTIC INC.

Current Principal Place of Business:

260 NE 17TH TERRACE
STE 200
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

260 NE 17TH TERRACE
STE 200
MIAMI, FL 33132

New Mailing Address:

FEI Number: 01-0701501 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BROWN, JIMMIE L REV.
EBENEZER UNITED METHODIST CHURCH
2001 NW 35 STREET
MIAMI, FL 33142 US

Name and Address of New Registered Agent:

SARA, SHAPIRO MSSW
SOUTH FLRODIA INTERFAITH COMMITTEE FOR WOR
260 NE 17 TERRACE
MIAMI, FL 33132 US

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: SARA SHAPIRO 04/28/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DV ( ) Delete
Name: SCHIFF, SOLOMON RABBI
Address: 4200 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137

Title: DS ( ) Delete
Name: COX, JOHN FATHER
Address: PO BOX 01-1901
City-St-Zip: MIAMI, FL 33101

Title: DP ( ) Delete
Name: BROWN, JIMMIE L REV.
Address: 2001 NW 35 STREET
City-St-Zip: MIAMI, FL 33142

Title: DT ( ) Delete
Name: BURKE, MARTA REV.
Address: 1900 NE 164 STREET
City-St-Zip: MIAMI, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: SCHIFF, SOLOMON RABBI
Address: 4200 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137

Title: S (X) Change ( ) Addition
Name: COX, JOHN FATHER
Address: PO BOX 01-1901
City-St-Zip: MIAMI, FL 33101

Title: P (X) Change ( ) Addition
Name: OTTLEY, JAMES H REV.
Address: 525 NE 15 STREET
City-St-Zip: MIAMI, FL 33132

Title: T (X) Change ( ) Addition
Name: BURKE, MARTA REV.
Address: 1900 NE 164 STREET
City-St-Zip: MIAMI, FL 33162

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: SARA SHAPIRO D 04/28/2006
Electronic Signature of Signing Officer or Director — Date