

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003277

FILED
May 11, 2006
Secretary of State

Entity Name: SOUTH FLORIDA JOBS WITH JUSTICE, INCORPORATED

Current Principal Place of Business:

1525 NW 167TH STREET
300
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

1525 NW 167TH STREET
300
MIAMI, FL 33169

New Mailing Address:

FEI Number: 65-1111662 **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:

Name and Address of New Registered Agent:

GOWDY WRIGHT, ALYCE
1525 NW 167TH STREET
300
MIAMI, FL 33169 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: DOMINGUEZ, ANGEL
Address: 12811 SW 148TH TERRACE ROAD
City-St-Zip: MIAMI, FL 33186

Title: VP () Delete
Name: FRANCIS, INGRID
Address: 5729 FLAGLER STREET
City-St-Zip: HOLLYWOOD, FL 33023

Title: D () Delete
Name: WRIGHT, ALYCE G
Address: 1525 NW 167TH ST, STE 300
City-St-Zip: MIAMI, FL 33169

Title: RSD () Delete
Name: NISSEN, BRUCE
Address: UNIVERSITY PARK, LC 304
City-St-Zip: MIAMI, FL 33199

Title: T () Delete
Name: GONZALEZ, MARCIA
Address: 295 W 79TH PLACE
City-St-Zip: HIALEAH, FL 330144324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: ALYCE GOWDY WRIGHT

D

05/11/2006

Electronic Signature of Signing Officer or Director

Date