

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007857

FILED
Sep 01, 2008
Secretary of State

Entity Name: THE MCINTYRE INSTITUTE, INC.

Current Principal Place of Business:

2038 NW 5TH PLACE
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

2038 NW 5TH PLACE
MIAMI, FL 33127

New Mailing Address:

FEI Number: 65-1149943 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:

PINA, TATIANA A
16349 NW 57TH AVE
MIAMI, FL 33014 US

Name and Address of New Registered Agent:

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: VEXD () Delete
Name: MCINTYRE, CONSTANCE
Address: 2038 NW 5TH PLACE
City-St-Zip: MIAMI, FL 33127

Title: PD () Delete
Name: MCINTYRE, VINCENT
Address: 2038 NW 5TH PLACE
City-St-Zip: MIAMI, FL 33127

Title: SD () Delete
Name: HEID, MARIA JANETH
Address: 615 NE 199TH STREET, APT. #202
City-St-Zip: NORTH MIAMI, FL 33179

Title: TD () Delete
Name: GREYSON, MARCIA C.
Address: 5136 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33137

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:

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: VINCENT MCINTYRE

PD

09/01/2008

Electronic Signature of Signing Officer or Director

_____ Date