

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000117

FILED
Apr 28, 2005
Secretary of State

Entity Name: AMERICAN MARKETING ASSOCIATION SOUTH FLORIDA, INC.

Current Principal Place of Business:

4395 RIVER PINES COURT
TEQUESTA, FL 33469

New Principal Place of Business:

Current Mailing Address:

4395 RIVER PINES COURT
TEQUESTA, FL 33469

New Mailing Address:

FEI Number: 36-2130315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELLSON, DEBORAH
4395 RIVER PINES COURT
TEQUESTA, FL 33469 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: P () Delete
Name: NELLSON, DEBORAH
Address: 4395 RIVER PINES COURT
City-St-Zip: TEQUESTA, FL 33469

Title: P () Delete
Name: BERKOWITZ, JAY
Address: 5805 N.W. 42ND WAY
City-St-Zip: BOCA RATON, FL 33496

Title: T () Delete
Name: FLETCHER, KEITH
Address: 5152 WOODFIELD WAY
City-St-Zip: COCONUT CREEK, FL 33473

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: NELLSON, DEBORAH
Address: 4395 RIVER PINES COURT
City-St-Zip: TEQUESTA, FL 33469

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

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

Title: P () Change (X) Addition
Name: BAUMANN, DARLENE
Address: 4765 SW 154 COURT
City-St-Zip: MIAMI, FL 33185

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DEBORAH NELLSON

SEC

04/28/2005

Electronic Signature of Signing Officer or Director

Date