

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004710

FILED
Apr 14, 2008
Secretary of State

Entity Name: NATIONAL ASSOCIATION OF WOMEN BUSINESS OWNERS, GREATER MIAMI, INC.

Current Principal Place of Business:

6401 SW 87TH AVENUE
SUITE 207
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

6401 SW 87TH AVENUE
SUITE 207
MIAMI, FL 33173

New Mailing Address:

FEI Number: 04-3700816

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOLLRATH, DIANE
6401 SW 87TH AVE
STE. R07
MIAMI, FL 33173 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: PRES () Delete
Name: FREEDMAN, ANNE
Address: 10401SW 82ND COURT
City-St-Zip: MIAMI, FL 33156

Title: TRES () Delete
Name: SILVA, CASSIA
Address: 800 CRANDON BLVD. SUITE 101
City-St-Zip: MIAMI, FL 33149

Title: VP () Delete
Name: HARBER, LOUISE
Address: PO BOX 903
City-St-Zip: MIAMI, FL 33143

Title: SEC () Delete
Name: GOMEZ, SILVIA
Address: 2655 SOUTH LEJEUNE ROAD
City-St-Zip: CORAL GABLES, FL 33137

Title: DIR () Delete
Name: JACQUES, VALESKA
Address: 4000 PONCE DE LEON BLVD STE 470
City-St-Zip: CORAL GABLES, FL 33146

Title: DIR () Delete
Name: GLADYS, MEZRAHI
Address: 20803 BISCAYNE BLVD SUITE 302
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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: CASSIA SILVA

TRES

04/14/2008

Electronic Signature of Signing Officer or Director

Date