2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N02000004710

L FILED Jul 25, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 6401 SW 87TH AVENUE SUITE 207 MIAMI, FL 33173 **New Mailing Address: Current Mailing Address:** 6401 SW 87TH AVENUE SUITE 207 MIAMI, FL 33173 FEI Number: 04-3700816 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VOLLRATH, DIANE 6401 SW 87TH AVE STE. R07 MIAMI, FL 33173 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Delete () Change () Addition FREEDMAN, ANNE Name: Name: 10401SW 82ND COURT Address: Address: City-St-Zip: MIAMI, FL 33156 City-St-Zip: Title: TRES Title: () Delete () Change () Addition SILVA, CASSIA Name: Name: Address: 800 CRANDON BLVD. SUITE 101 Address: City-St-Zip: MIAMI, FL 33149 City-St-Zip: Title: VΡ () Delete Title: (X) Change () Addition HARBER, LOUISE MEZRAHI, GLADYS Name: Name: 20803 BISCAYNE BLVD. SUITE 302 Address: PO BOX 903 Address: City-St-Zip: MIAMI, FL 33143 City-St-Zip: AVENTURA, FL 33180 Title: SEC () Delete Title: SEC (X) Change () Addition Name: GOMEZ, SILVIA Name: HAEFNER, CAROL 2655 SOUTH LEJEUNE ROAD Address: Address: 813 NE 125TH STREET City-St-Zip: CORAL GABLES, FL 33137 City-St-Zip: NORTH MIAMI, FL 33161 Title: DIR (X) Delete Title: () Change () Addition JACQUES, VALESKA Name: Name: 4000 PONCE DE LEON BLVD STE 470 Address: Address: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: Title: (X) Delete Title: () Change () Addition GLADYS, MEZRAHI Name: Name: Address: 20803 BISCAYNE BLVD SUITE 302 Address: AVENTURA, FL 33180 City-St-Zip: 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 07/25/2008