

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Aug 25, 2009  
Secretary of State**

DOCUMENT# N02000004710

**Entity Name:** NATIONAL ASSOCIATION OF WOMEN BUSINESS OWNERS, GREATER MIAMI, INC.**Current Principal Place of Business:**800 CRANDON BLVD.  
SUITE 101  
KEY BISCAYNE, FL 33149**New Principal Place of Business:****Current Mailing Address:**800 CRANDON BLVD.  
SUITE 101  
KEY BISCAYNE, FL 33149**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:**SILVA, CASSIA  
800 CRANDON BLVD.  
SUITE 101  
KEY BISCAYNE, FL 33149 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 33156Title: TRES ( ) Delete  
Name: SILVA, CASSIA  
Address: 800 CRANDON BLVD. SUITE 101  
City-St-Zip: MIAMI, FL 33149Title: VP ( ) Delete  
Name: MEZRAHI, GLADYS  
Address: 20803 BISCAYNE BLVD. SUITE 302  
City-St-Zip: AVENTURA, FL 33180Title: SEC ( ) Delete  
Name: HAEFNER, CAROL  
Address: 813 NE 125TH STREET  
City-St-Zip: NORTH MIAMI, FL 33161**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PRES (X) Change ( ) Addition  
Name: SILVA, CASSIA  
Address: 800 CRANDON BLVD, SUITE 101  
City-St-Zip: MIAMI, FL 33149Title: TRES (X) Change ( ) Addition  
Name: LONG, DOROTHY  
Address: 2441 NW 2ND AVE  
City-St-Zip: MIAMI, FL 33127Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: SEC (X) Change ( ) Addition  
Name: BEATY, MARGUERITE  
Address: 1541 BRICKELL AVE #906  
City-St-Zip: MIAMI, FL 33129

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: DOROTHY LONG

TRES

08/25/2009

Electronic Signature of Signing Officer or Director

Date