

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000007939

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** REGIONAL BUSINESS ALLIANCE, INC.

**Current Principal Place of Business:**

150 E. DAVIE BLVD.  
#200  
FT LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

150 E. DAVIE BLVD.  
#200  
FT LAUDERDALE, FL 33316

**New Mailing Address:**

**FEI Number:** 56-2396182

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOUTROS, KAREEN  
150 E. DAVIE BLVD.  
#200  
FT LAUDERDALE, FL 33316 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:** D  
**Name:** JONES, MIKE  
**Address:** 1555 PALM BEACH LAKES BLVD, SUITE 400  
**City-St-Zip:** WEST PALM BEACH, FL 33401

**Title:** D  
**Name:** JOHNSON, BARRY  
**Address:** 1601 BISCAYNE BLVD  
**City-St-Zip:** MIAMI, FL 33132

**Title:** D  
**Name:** MARRINSON, RALPH  
**Address:** 150 E. DAVIE BLVD., SUITE 200  
**City-St-Zip:** FT LAUDERDALE, FL 33316

I hereby 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 all other like empowered.

**SIGNATURE:** KAREEN BOUTROS

ED

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date