

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003770

FILED
Feb 03, 2006
Secretary of State

Entity Name: WOMEN'S BUSINESS NETWORK, INC.

Current Principal Place of Business:

1395 BRICKELL AVENUE
14TH FLOOR
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1395 BRICKELL AVENUE
14TH FLOOR
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-0013304 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FITZGERALD, SAMANTHA ESQ.
1395 BRICKELL AVENUE
14TH FLOOR
MIAMI, FL 33131 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, T () Delete
Name: FITZGERALD, SAMANTHA J
Address: 1395 BRICKELL AVENUE, 14TH FLOOR
City-St-Zip: MIAMI, FL 33131

Title: P, D () Delete
Name: SEARLE, JUDIT
Address: 649 CARRINGTON DRIVE
City-St-Zip: WESTON, FL 33326

Title: VP D () Delete
Name: LIVINGSTON, NANCY
Address: 1690 SW 54 TERRACE
City-St-Zip: PLANTATION, FL 33317

Title: S, D (X) Delete
Name: KANE, ESTHER
Address: 423 N. RAINBOW DRIVE
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D, T (X) Change () Addition
Name: FONTANA, RAQUEL
Address: 1660 S.W. 131 TERRACE
City-St-Zip: DAVIE, FL 33325 US

Title: P, D (X) Change () Addition
Name: LIVINGSTON, NANCY
Address: 1690 S.W. 54 TERRACE
City-St-Zip: PLANTATION, FL 33317 US

Title: S, D (X) Change () Addition
Name: CARLSON, SHERRY
Address: 9520 SEAGRAPE DRIVE, SUITE 105
City-St-Zip: PLANTATION, FL 33324 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: NANCY LIVINGSTON

P

02/03/2006

Electronic Signature of Signing Officer or Director

_____ Date