

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008191

FILED  
May 05, 2008  
Secretary of State

**Entity Name:** THE WINNER WOMEN ASSOCIATION INC.

**Current Principal Place of Business:**

7225 NW 25 ST  
203  
MIAMI, FL 33122 US

**New Principal Place of Business:**

**Current Mailing Address:**

7225 NW 25 ST  
203  
MIAMI, FL 33122 US

**New Mailing Address:**

**FEI Number:** 75-3130434 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

INTERCOMP PROFESSIONAL SERVICES, INC.  
C/O SUELI CORREA  
17375 COLLINS AVE SUITE 1702  
SUNNY ISLES BEACH, FL 33160 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:**

Title: DP ( ) Delete  
Name: SILVA, MARCIA  
Address: 1620 SW 154 AVE  
City-St-Zip: MIAMI, FL 33185 US

Title: DV ( ) Delete  
Name: WALTER, SILVA  
Address: 1620 SW 154 AVE  
City-St-Zip: MIAMI, FL 33125 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
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: MARCIA SILVA

DP

05/05/2008

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

\_\_\_\_\_  
Date