

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003981

FILED
Jan 21, 2005
Secretary of State

Entity Name: ASSOCIATION OF YOUNG REAL ESTATE PROFESSIONALS (MIAMI), INC.

Current Principal Place of Business:

C/O FIDELITY NATIONAL TITLE
800 BRICKELL AVENUE #101
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

C/O FIDELITY NATIONAL TITLE
800 BRICKELL AVENUE #101
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-1118719 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ARCHAMBAULT, LOUIS P ESQ.
ONE BISCAYNE TOWER - SUITE 2400
TWO SOUTH BISCAYNE BOULEVARD
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

LUNSFORD, CHRISTINA M
200 S. BISCAYNE BLVD.
STE 2850
MIAMI, FL 33131 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: CHRISTINA LUNSFORD 01/21/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ADAMS, LORI
Address: C/O 800 BRICKELL AVENUE #101
City-St-Zip: MIAMI, FL 33131

Title: VD () Delete
Name: ARCHAMBAULT, LOUIS P
Address: 2 SOUTH BISCAYNE BLVD. #2400
City-St-Zip: MIAMI, FL 33131

Title: SD () Delete
Name: CORBO, JENNIFER
Address: 701 BRICKELL AVENUE #3000
City-St-Zip: MIAMI, FL 33131

Title: T () Delete
Name: LUNSFORD, CHRISTINA
Address: 200 S. BISCAYNE BLVD. #2850
City-St-Zip: MIAMI, FL 331312323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 for the exemption stated in Section 119.07(3)(i), 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: CHRISTINA LUNSFORD T 01/21/2005

Electronic Signature of Signing Officer or Director Date