


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90024 035 *****70.00

DOCUMENT # N05000000106 1. Entity Name NATIONAL ORGANIZATION FOR BUILDING LEADERS TO BE EXCELLENT INC.					
Principal Place of Business 16240 NW 17 PLACE MIAMI, FL 33054			Mailing Address 16240 NW 17 PLACE MIAMI, FL 33054		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BROWN, VALARIE 16240 NW 17 PLACE MIAMI, FL 33054				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
				Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PCEO	<input type="checkbox"/> Delete	TITLE	SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, VALARIE L		NAME	BROWN, SHERYL	
STREET ADDRESS	16240 NW 17 PLACE		STREET ADDRESS	16240 NW 17 PLACE	
CITY-ST-ZIP	MIAMI, FL 33054		CITY-ST-ZIP	MIAMI, FLORIDA 33054	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SIMMONS, JASON A		NAME	WILLIAMS, CELINA	
STREET ADDRESS	6135 NW 186TH STREET APT 307		STREET ADDRESS	2513 EAST WILSHIRE DRIVE	
CITY-ST-ZIP	HIALEAH, FL 33015		CITY-ST-ZIP	MIAMI, FLORIDA 33025	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WILLIAMS, DERRICK M		NAME	JACKSON, PHILLIP	
STREET ADDRESS	3520 NW 170 STREET		STREET ADDRESS	1000 CORPORATE DRIVE, SUITE 700	
CITY-ST-ZIP	MIAMI, FL 33056		CITY-ST-ZIP	FORT LAUDERDALE, FLORIDA 33334	
TITLE		<input type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	SALAH-DIN, AUTLEY	
STREET ADDRESS			STREET ADDRESS	17410 NW 48TH AVENUE	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI GARDENS, FLORIDA 33055	
TITLE		<input type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	LYNCH, RUTH	
STREET ADDRESS			STREET ADDRESS	2060 NW 48TH TERRACE	
CITY-ST-ZIP			CITY-ST-ZIP	LAUDERHILL, FLORIDA 33312	
TITLE		<input type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	HAREWOODS-GUERRIER, FLORENCE	
STREET ADDRESS			STREET ADDRESS	2699 STIRLING ROAD, SUITE B-301	
CITY-ST-ZIP			CITY-ST-ZIP	FORT LAUDERDALE, FLORIDA 33312	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment to this address, with all other like empowered.

SIGNATURE:  **FLORENCE HAREWOODS-GUERRIER** 7/18/06 954 962-0626