

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001988

FILED
Apr 29, 2009
Secretary of State

Entity Name: IAMCP - SOUTH FLORIDA, INC.

Current Principal Place of Business:

18503 PINES BLVD, SUITE 213
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

PO BOX 221494
WEST PALM BEACH, FL 33422

New Mailing Address:

FEI Number: 20-2394585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, HUGO G
18503 PINES BLVD, SUITE 213
PEMBROKE PINES, FL 33029 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: P () Delete
Name: PEREZ, HUGO G
Address: 18503 PINES BLVD, SUITE 213
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: VP () Delete
Name: SASTRE, JON J
Address: 200 S.E. 1ST ST., SUITE 500
City-St-Zip: MIAMI,, F 33131 US

Title: T () Delete
Name: CHERYL, BOXIE-SCOTT
Address: PO BOX 221494
City-St-Zip: WEST PALM BEACH, FL 33422 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: SASTRE, JON J
Address: 200 S.E. 1ST ST., SUITE 400
City-St-Zip: MIAMI,, F 33131 US

Title: T (X) Change () Addition
Name: SCOTT, CHERYL B MRS.
Address: PO BOX 221494
City-St-Zip: WEST PALM BEACH, FL 33422 US

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: CHERYL BOXIE SCOTT

TREA

04/29/2009

Electronic Signature of Signing Officer or Director

Date