

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007953

FILED
Jul 10, 2006
Secretary of State

Entity Name: FLORIDA BLACK BUSINESS EXPO, INC.

Current Principal Place of Business:

5750 AUTUMN CHASE CIRCLE
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

PO BOX 522463
LONGWOOD, FL 32752 US

New Mailing Address:

FEI Number: 20-3124715 **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:

HARTFIELD, SANJA V
5750 AUTUMN CHASE CIRCLE
SANFORD, FL 32773 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: HARTFIELD, SANJA V
Address: 5750 AUTUMN CHASE CIRCLE
City-St-Zip: SANFORD, FL 32773 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D () Change (X) Addition
Name: JAMES, PARREN M
Address: 2223 UNIVERSITY DRIVE
City-St-Zip: DURHAM, NC 27707

Title: V () Change (X) Addition
Name: OLIVER, BETTY
Address: 405 SILVER OAK LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Change (X) Addition
Name: YIRMYAH, SHACHAR
Address: 318 BLUFF LANE
City-St-Zip: APOPKA, FL 32712

Title: D () Change (X) Addition
Name: RIVERS, MONIQUE
Address: 653 NORTHLAKE BLVD
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: V () Change (X) Addition
Name: POWELL, LISA
Address: 2652 ENTRADA BLVD
City-St-Zip: IRVING, TX 75038

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: SANJA V. HARTFIELD

P

07/10/2006

Electronic Signature of Signing Officer or Director

Date