2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2009
Secretary of State

DOCUMENT# N06000007276

Entity Name: SIGMA CHI AT MIAMI CORPORATION

Current Principal Place of Business:

6100 SAN AMARO DR
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

6100 SAN AMARO DR
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 20-5228798 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

NETTESHEIM, KYLE A
6100 SAN AMARO DRIVE
CORAL GABLES, FL 33146 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: D ( ) Delete
Name: NETTESHEIM, KYLE A
Address: 6100 SAN AMARO DR
City-St-Zip: CORAL GABLES, FL 33146

Title: D ( ) Delete
Name: ROMOT, BRIAN
Address: 6100 SAN AMARO DR
City-St-Zip: CORAL GABLES, FL 33146

Title: D ( ) Delete
Name: MATIAUDA, AGUSTIN
Address: PO BOX 430166
City-St-Zip: SOUTH MIAMI, FL 33243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SCHENDEL, ALEXANDRE
Address: 6100 SAN AMARO DR
City-St-Zip: CORAL GABLES, FL 33146

Title: D (X) Change ( ) Addition
Name: KRUPSAW, JACOB
Address: 6100 SAN AMARO DR
City-St-Zip: CORAL GABLES, FL 33146

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: ALEXANDRE SCHENDEL D 05/09/2009
Electronic Signature of Signing Officer or Director — Date