## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000007854

FILED Mar 14, 2007 Secretary of State

Entity Name: GUYANESE/AMERICAN NURSES ASSOCIATION OF FLORIDA INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
17600 SW MIAMI, FL	84TH COURT 33157			
Current M	lailing Address:	New Mailing Address	::	
17600 SW MIAMI, FL	84TH COURT 33157			
FEI Number:	: FEI Number Applied For ()	X) FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of Current Registered Ager	nt: Name and Address of	f New Registered Agent:	
,	WENDY S 7 147TH COURT 33187 US			
The above in the State	e named entity submits this statement for	the purpose of changing its registered	d office or registered agent, or both,	
	e or rilorida.			
SIGNATUF				
		d Agent	Date	
SIGNATUF	RE:	<b>G</b>	Date S TO OFFICERS AND DIRECTOR	
SIGNATUF	RE:Electronic Signature of Registere	ADDITIONS/CHANGE		
SIGNATUR  OFFICERS  Title: Name: Address:	RE:  Electronic Signature of Registere  S AND DIRECTORS:  P () Delete  SMITH, JULIET 17600 SW 84TH COURT	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip:	S TO OFFICERS AND DIRECTOR	
SIGNATUR  OFFICERS  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Electronic Signature of Registere  S AND DIRECTORS:  P () Delete SMITH, JULIET 17600 SW 84TH COURT MIAMI, FL 33157  VP () Delete SKEETE, JOYCELYN 7924 SW 185TH TERRACE	ADDITIONS/CHANGE  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:	S TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition	

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: WENDY BASCOM ASEC 03/14/2007