

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010099

FILED
Apr 29, 2007
Secretary of State

Entity Name: INTERNATIONAL ASSOCIATION FOR IT PROFESSIONALS, INC.

Current Principal Place of Business:

200 SE 1ST STREET
SUITE 400
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

200 SE 1ST STREET
SUITE 400
MIAMI, FL 33131

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COTE, DENNIS
9991 SW 32 STREET
MIAMI, FL 33165 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: TOSADO, BENJAMIN
Address: 200 SE 1ST STREET SUITE 604
City-St-Zip: MIAMI, FL 33131

Title: V () Delete
Name: SASTRE, JON
Address: 200 SE 1ST STREET SUITE 604
City-St-Zip: MIAMI, FL 33131

Title: V () Delete
Name: COTE, DENNIS
Address: 200 SE 1ST STREET SUITE 604
City-St-Zip: MIAMI, FL 33131

Title: V () Delete
Name: ARDILA, SERGIO
Address: 200 SE 1ST STREET SUITE 604
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: TOSADO, BENJAMIN
Address: 200 SE 1ST STREET SUITE 400
City-St-Zip: MIAMI, FL 33131

Title: PD (X) Change () Addition
Name: SASTRE, JON
Address: 200 SE 1ST STREET SUITE 400
City-St-Zip: MIAMI, FL 33131

Title: VD (X) Change () Addition
Name: COTE, DENNIS
Address: 200 SE 1ST STREET SUITE 400
City-St-Zip: MIAMI, FL 33131

Title: VD (X) Change () Addition
Name: ARDILA, SERGIO
Address: 200 SE 1ST STREET SUITE 400
City-St-Zip: MIAMI, FL 33131

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: DENNIS J COTE

VD

04/29/2007

Electronic Signature of Signing Officer or Director

_____ Date