

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002266

FILED
Jan 17, 2009
Secretary of State

Entity Name: WESTON CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

1290 WESTON RD., #200
WESTON, FL 33326

New Principal Place of Business:

1290 WESTON RD., #312
WESTON, FL 33326

Current Mailing Address:

1290 WESTON RD., #200
WESTON, FL 33326

New Mailing Address:

P.O. BOX 530879
HENDERSON, NV 89053

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADELKOPF, DONNA
1290 WESTON RD., #200
WESTON, FL 33326 US

Name and Address of New Registered Agent:

ADELKOPF, DONNA
1290 WESTON RD., #312
WESTON, FL 33326 US

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: DONNA ADELKOPF

01/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: ADELKOPF, DONNA
Address: 1290 WESTON RD., #200
City-St-Zip: WESTON, FL 33326

Title: PD () Delete
Name: MILLER, JACK
Address: 1290 WESTON RD., #200
City-St-Zip: WESTON, FL 33326

Title: VD () Delete
Name: GOMEZ, ALEX
Address: 1290 WESTON RD., #200
City-St-Zip: WESTON, FL 33326

Title: VD () Delete
Name: MELCHOR, ELY
Address: 1290 WESTON RD., #200
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: ADELKOPF, DONNA
Address: 1290 WESTON RD., #312
City-St-Zip: WESTON, FL 33326

Title: PD (X) Change () Addition
Name: MILLER, JACK
Address: 1290 WESTON RD., #312
City-St-Zip: WESTON, FL 33326

Title: VD (X) Change () Addition
Name: GOMEZ, ALEX
Address: 1290 WESTON RD., #312
City-St-Zip: WESTON, FL 33326

Title: VD (X) Change () Addition
Name: MELCHOR, ELY
Address: 1290 WESTON RD., #312
City-St-Zip: WESTON, FL 33326

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: JACK MILLER

PRES

01/17/2009

Electronic Signature of Signing Officer or Director

Date