

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002266

FILED  
Apr 20, 2010  
Secretary of State

**Entity Name:** WESTON CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

13762 WEST STATE ROAD 84, #54  
DAVIE, FL 33325

**New Principal Place of Business:**

13762 WEST STATE ROAD 84  
#54  
DAVIE, FL 33325

**Current Mailing Address:**

P.O. BOX 530879  
HENDERSON, NV 89053

**New Mailing Address:**

**FEI Number:** 51-0423198

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ADELKOPF, DONNA  
5051 LAKEWOOD DRIVE  
COOPER CITY, FL 33330 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: VD  
Name: ADELKOPF, DONNA  
Address: P. O. BOX 530879  
City-St-Zip: HENDERSON, NV 89053

Title: PD  
Name: MILLER, JACK  
Address: P. O. BOX 530879  
City-St-Zip: HENDERSON, NV 89053

Title: VD  
Name: MELCHOR, ELY  
Address: P. O. BOX 530879  
City-St-Zip: HENDERSON, NV 89053

Title: VD  
Name: GOMEZ, ALEX  
Address: P. O. BOX 530879  
City-St-Zip: HENDERSON, NV 89053

I hereby 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 all other like empowered.

SIGNATURE: JACK MILLER

PRES

04/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date