

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004518

FILED
Apr 13, 2009
Secretary of State

Entity Name: ADVOCACY BUILDING INITIATIVE INC.

Current Principal Place of Business:

19426 NW 13 ST
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

PO BOX 297303
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 38-3784589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAILEY, VEDA
19426 NW 13 ST
PEMBROKE PINES, FL 33029 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: WALLEN, VICTOR
Address: 9000 NW 32 ST
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: SELLIER, FRANK
Address: 2017 GLENWOOD RD
City-St-Zip: BROOKLYN, NY 11210

Title: D () Delete
Name: WILLIAMS, INGRID
Address: 7351 FAIRWAY BLVD
City-St-Zip: MIRAMAR, FL 33023

Title: PCEO () Delete
Name: BAILEY, VEDA
Address: PO BOX 297303
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DR. VEDA BAILEY

PCEO

04/13/2009

Electronic Signature of Signing Officer or Director

Date