2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008910

Entity Name: THETA TAU FIU, INC.

Title:

Name:

Address: City-St-Zip:

FILED Jul 03, <u>2</u>009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 11200 SW 8TH ST GC 2240 MIAMI, FL 33199 **Current Mailing Address: New Mailing Address:** 11200 SW 8TH ST GC 2240 MIAMI, FL 33199 FEI Number: 90-0414049 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SANTOS BAEZ, OMAR 11200 SW 8TH ST GC 2240 MIAMI, FL 33199 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CALABRASE, CORIE Name: Name: Address: 11200 SW 8TH ST GC 2240 Address: City-St-Zip: MIAMI, FL 33199 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GASKON, BYRON Name: Address: 11200 SW 8TH ST GC 2240 Address: City-St-Zip: MIAMI, FL 33199 City-St-Zip: Title: () Delete Title: () Change () Addition SANTOS BAEZ, OMAR Name: Name: 11200 SW 8TH ST GC 2240 Address: Address: City-St-Zip: MIAMI, FL 33199 City-St-Zip: Title: SE () Delete Title: () Change () Addition Name: VARGAS, VANESSA Name: 11200 SW 8TH ST GC 2240 Address: Address: City-St-Zip: MIAMI, FL 33199 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: OMAR SANTOS BAEZ TR 07/03/2009

() Delete

MALDONADO, WALTER

MIAMI, FL 33199

11200 SW 8TH ST GC 2240

() Change () Addition