

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011432

FILED  
Apr 15, 2009  
Secretary of State

**Entity Name:** PROFESSIONAL WOMEN IN CONSTRUCTION, INC.

**Current Principal Place of Business:**

8230 NW 16TH STREET  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 291558  
DAVIE, FL 333291558

**New Mailing Address:**

8230 NW 16TH STREET  
PEMBROKE PINES, FL 33024

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

STRAUB, CHARLES ESQ  
DERREVERE, HAWKES & BLACK  
470 COLUMBIA DRIVE  
WEST PALM BEACH, FL 33409 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: SLANO, RHONDIA  
Address: 204 EVERGRENE PARKWAY  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VP ( ) Delete  
Name: VARON, MARIE  
Address: 8230 NW 18TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: T ( ) Delete  
Name: PAVILK, CHERI  
Address: 2200 CENTREPARK WEST DRIVE, SUITE 100  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: S ( ) Delete  
Name: WALTON, KIRA  
Address: 80 SW 8TH STREET, SUITE 1800  
City-St-Zip: MIAMI, FL 33130

**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: CHERI PAVLIK

TRES

04/15/2009

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

\_\_\_\_\_  
Date