

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jul 09, 2009**  
**Secretary of State**

DOCUMENT# N22019

**Entity Name:** FLORIDA ASSOCIATION OF MINORITY BUSINESS ENTERPRISE OFFICIALS, INC.**Current Principal Place of Business:**300 S. ADAMS STREET, MAIL BOX A-11  
TALLAHASSEE, FL 32301 US**New Principal Place of Business:**300 S. ADAMS STREET, MAIL BOX A-11  
MINORITY BUSINESS ENTERPRISE OFFICE  
TALLAHASSEE, FL 32301 US**Current Mailing Address:**PO BOX 172366  
TAMPA, FL 33672 US**New Mailing Address:****FEI Number:** 65-0096981**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**HARRIS, BEN  
300 S. ADAMS STREET, MAIL BOZ A-11  
TALLAHASSEE, FL 32301 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: HARRIS, BEN  
Address: 300 S. ADAMS STREET, MAIL BOZ A-11  
City-St-Zip: TALLAHASSEE, FL 32301

Title: T ( ) Delete  
Name: MARRERO, DENISE  
Address: P.O. BOX 613069  
City-St-Zip: OCOEE, FL 34761

Title: S ( ) Delete  
Name: BROWN, JAZZMIN  
Address: P.O. BOX 1289  
City-St-Zip: TAMPA, FL 33607

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: PAMELA, HART  
Address: 50 S. MILITARY TRAIL, SUITE # 209  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: T (X) Change ( ) Addition  
Name: PAIGE, BONITA  
Address: 300 S. ADAMS STREET, MAIL BOZ A-11  
City-St-Zip: TALLAHASSEE, FL 32301

Title: S ( ) Change (X) Addition  
Name: BROWN, JAZZMIN  
Address: P.O. BOX 1289  
City-St-Zip: TAMPA, FL 33607

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: BONITA PAIGE

T

07/09/2009

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