

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27962

FILED
Feb 18, 2005
Secretary of State

Entity Name: SOUTH FLORIDA NVOCC & NAOCC ASSOCIATION, INC.

Current Principal Place of Business:

2401 NW 69 ST
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

2401 NW 69 ST
MIAMI, FL 33147

New Mailing Address:

FEI Number: 65-0093374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHAPIRO, MITCHELL
2401 NW 69TH ST.
MIAMI, FL 33147 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: ABISCH, JOHN
Address: 2401 NW 69TH ST
City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: BAXT, MITCH
Address: 1801 NW 82ND AVE
City-St-Zip: MIAMI, FL 33126

Title: D () Delete
Name: SHAPIRO, MITCHELL
Address: 2401 NW 69TH ST
City-St-Zip: MIAMI, FL 33147

Title: P () Delete
Name: ABISCH, JOHN
Address: 2401 N W 69TH ST
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: LESNIK, GERALD
Address: 2401 NW 69TH ST.
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: PERNAS, JUAN CARLOS
Address: 9905 N.W. 88TH AVE.
City-St-Zip: MEDLEY, FL

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
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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 for the exemption stated in Section 119.07(3)(i), 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: MITCHELL SHAPIRO

D

02/18/2005

Electronic Signature of Signing Officer or Director

Date