

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31219

FILED
May 01, 2007
Secretary of State

Entity Name: MEETING PROFESSIONALS INTERNATIONAL - SOUTH FLORIDA CHAPTER, INC.

Current Principal Place of Business:

5850 S.W. 53RD TERRACE
MIAMI, FL 33156336 US

New Principal Place of Business:

7154 N UNIVERSITY DR
TAMARAC, FL 33321 US

Current Mailing Address:

5850 S.W. 53RD TERRACE
MIAMI, FL 33156336 US

New Mailing Address:

7154 N. UNIVERSITY DR.
TAMARAC, FL 33321 US

FEI Number: 23-7256168 **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:

LAVOIE, SHAWN
3576 HUDSON LANE
BOYNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

DOBOSZ, PATRICIA
9954 SW 1 CT.
CORAL SPRINGS, FL 33071 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: PATRICIA DOBOSZ

05/01/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HALPERN, LAUREN
Address: 2700 GLADES CIRCLE 117
City-St-Zip: WESTON, FL 33327

Title: T () Delete
Name: LAVOIE, SHAWN
Address: 3576 HUDSON LANE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: S () Delete
Name: DOBOSZ, PATRICIA
Address: 9964 S.W. 1ST COURT
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP () Delete
Name: DOYLE, JOE
Address: 2050 SPECTRUM BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: VP () Delete
Name: DUPONT, ANTOINE
Address: 100 E. LINTON BLVD. 121B
City-St-Zip: DELRAY BEACH, FL 33483

Title: VP () Delete
Name: BISHOP, JEFF
Address: 224 N.E. 32ND COURT
City-St-Zip: OAKLAND PARK, FL 33334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DOYLE, JOE
Address: 7154 N. UNIVERSITY DR.
City-St-Zip: TAMARA, FL 33321

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:

Title: VP (X) Change () Addition
Name: JEFF WOLFE,
Address: 10091 SW 16 PL
City-St-Zip: DAVIE, FL 33324

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: PATRICIA DOBOSZ

VPF

05/01/2007

Electronic Signature of Signing Officer or Director

Date