2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31219

FILED Apr 30, 2009 Secretary of State

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

Current Principal Place of Business:				New Prince	New Principal Place of Business:			
SUITE 209	BOCA RATO		1					
Current Mailing Address:				New Mailing Address:				
	BOCA RATO				J			
SUITE 209			;					
FEI Number:	23-7256168	FEI Nu	ımber Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired	()	
Name and	Address of	Current	Registered Agent:	Name and	Address	of New Registered Agent:		
2263 NW E SUITE 209 BOCA RAT The above	FON, FL 334 named entity	N BLVD. 31 US		pose of changing	its registere	ed office or registered agent, o	r both,	
in the State								
SIGNATUF		onic Signa	ature of Registered Agent			 Date		
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PRES (MELTON, BR 3555 SOUTH HOLLYWOOI	OCEAN DR		Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	PPRE (LAVOIE, SHA 3576 HUDSO BOYNTON BE	N LANE	3436	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	VP (GUTTVEG, JA 5884 NW 79T PARKLAND, I	'H WAY		Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	VP (SKELDON, G 1660 LAKEFI WELLINGTOI	ELD NORTI		Title: Name: Address: City-St-Zip:	152 VASSA	(X) Change () Addition , ADRIENNE AR DRIVE RTH, FL 33460		
Title: Name: Address: City-St-Zip:	GOLDMAN, J	CA RATON	BLVD, STE 209 1	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	PERCIVAL, A	CA RATON	BLVD., STE 209 1	Title: Name: Address: City-St-Zip:	2263 NW B	(X) Change()Addition CIATION SOURCE, LLC 30CA RATON BLVD, SUITE 209 ON, FL 33431		
l horoby oo	etific that that i	nform atio	n avanliad with this filing	dage not evalify fo		ntion stated in Chanter 110		

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: JODY B. ROSEN ADMI 04/30/2009