

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32389

FILED
Apr 29, 2006
Secretary of State

Entity Name: A.M.H.E. SOUTH FLORIDA CHAPTER, INC.

Current Principal Place of Business:

FRANTZ DELVA
3101 NW 47TERRACE SUITE 129-4
LAUDERDALE LAKES, FL 33319

New Principal Place of Business:

Current Mailing Address:

FRANTZ DELVA
3101 NW 47TERRACE SUITE 129-4
LAUDERDALE LAKES, FL 33319

New Mailing Address:

FEI Number: 65-0121462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FRANTZ, DELVA
3101 NW 47TERRACE SUITE 129-4
SUITE 129-4
LAUDERDALE LAKES, FL 33319 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: ARMAND, LUCIEN
Address: 4100 S HOSPITAL DR SUITE 108
City-St-Zip: FORT LAUDERDALE, FL 33317

Title: TD () Delete
Name: DUBOIS, JEAN C
Address: 601 E SAMPLE RD STE 110
City-St-Zip: POMPANO BEACH, FL 33064

Title: VPD () Delete
Name: MARC, JOSEPH
Address: 19100 NW 10TH AV
City-St-Zip: MIAMI, FL

Title: SD () Delete
Name: DELVA, FRANTZ
Address: 31010 NW47 TERRACE SUITE 129-4
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: D () Delete
Name: DOMOND, LHERISSON
Address: 5224 NW 37 AV
City-St-Zip: FORT LAUDERDALE, FL 33309

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:

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 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: FRANTZ DELVA

D

04/29/2006

Electronic Signature of Signing Officer or Director

Date