2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45802

FILED Mar 18, 2005 Secretary of State

Entity Name: AMERICAN CULINARY FEDERATION MIAMI CHAPTER, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:		
	S HUNT ANDLER DR DOD, FL 33026				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	ANDLER DR DOD, FL 33026	US			
FEI Number	: 59-1761980 F	El Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
MOYEL, ARTHUR 3150 HOLIDAY SPRINGS BLVD POMPANO BEACH, FL 33063 US				MOYEL, ARTHUR 3150 HOLIDAY SPRINGS BLVD APT#208 MARGATE, FL 33063- US	
	e named entity subr e of Florida.	nits this statement for the	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE:				03/18/2005	
	Electronic S	ignature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	T () Dele HUNT, JAMES 11153 CHANDLER I HOLLYWOOD, FL	DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Dele LAZAR, ALAN 5660 NW 119 WAY CORAL SPRINGS, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	2VP () Dele GREENSBURG, J.M 1444 SW 143 CT MIAMI, FL 33186		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () Dele MOYEL, ARTHUR 3150 HOLIDAY SPR POMPANO BEACH,	RINGS BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Dele BERMAN, MITCHEL 3255 NE 184 ST 12 AVENTURA, FL 331	L 119	Title: Name: Address: City-St-Zip:	() Change () Addition	
Oity Ot Lip.	COB () Dele	ete	Title: Name:	() Change () Addition	

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: ARTHUR MOYEL TREA 03/18/2005