

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46272

FILED
Apr 29, 2009
Secretary of State

Entity Name: SOUTH FLORIDA REGIONAL CONVENTION, INC.

Current Principal Place of Business:

4210 SW 53 STREET
#E
DANIA BEACH, FL 33314 US

New Principal Place of Business:

Current Mailing Address:

4210 SW 53 STREET
#E
DANIA BEACH, FL 33314 US

New Mailing Address:

FEI Number: 65-0297547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAYER, JOHN W
11781 RED HIBISCUS DR
BONITA SPRINGS, FL 34135 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: LANAVE, VITO
Address: 835 E. HALLANDALE BLVD STE 107
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: S () Delete
Name: CRUDO, DANIEL SECR
Address: 27079 MATHESON AVE #101
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: CFO () Delete
Name: YVETTE, RENEE
Address: 4210 SW 53 STREET #E
City-St-Zip: DANIA BEACH, FL 33314 US

Title: VP () Delete
Name: BASILE, MICHAEL
Address: 1015 SE 18TH AVE
City-St-Zip: CAPE CORAL, FL 33990 US

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: VP (X) Change () Addition
Name: WILSON, GEN
Address: 4797 OAHU DRIVE
City-St-Zip: NAPLES, FL 34112 US

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: RENEE YVETTE

CFO

04/29/2009

Electronic Signature of Signing Officer or Director

Date