2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 23, 2006 8:00 am Secretary of State

				Secretary or State		
DOCUMENT # N46647 1. Entity Name VISITOR INDUSTRY HUMAN RESOURCE DEVELOPMENT COUNCIL, INC.				03-23-2006 90017 020 ****61.25		
701 BRICKELL AVE 7 SUITE 2700 S		Mailing Address 701 BRICKELL AVE SUITE 2700 MIAMI, FL 33131		50004907		
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02062006 Chg-NP CR2E037 (11/05)		
City & State		City & State		4. FEI Number Applied For 65-0329273 Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
WEST, ALVIN L			Name			
701 BRICK SUITE 270			Street Ac	Address (P.O. Box Number is Not Acceptable)		
MIAMI, FL	33131					
•			City	FL Zip Code		
	named entity submits this statement for ions of registered agent.	or the purpose of changing its re	egistered office or	or registered agent, or both, in the State of Florida. I am familiar with, and accept		
CICALATURE						
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Agent signatu	ature required when reinstating) DATE		
Filing Fee is \$61.25 9. Election Camp Due by May 1, 2006 Trust Fund Co				\$5.00 May Be Added to Fees Make check payable to Florida Department of State		
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, LARRY A 1701 NORTHEAST 127 STREE MIAMI, FL 33181	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CRICE, LARRY A. Strange Addition 1701 N.E. 127 ST MIAMI, R. 33181		
TITLE NAME STREET ADORESS CITY-ST-ZIP	D BRYANT, BOBBY 1545 COLLINS AVENUE MIAMI BEACH, FL 33139	☐ belete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Maddillion		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TONARELLI, ALEX 1601 COLLINS AVENUE MIAMI BEACH, FL 33139	(ID Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cozonis George		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HUNTER, MONIQUE 4441 COLLINS AVENUE MIAMI BEACH, FL 33140	Delcte	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Defele	THE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition		
STREET ADDRESS	-		STREET ADDRESS CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/06

305-539-30 3

Daytime Phone #