

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48174

FILED
Apr 24, 2007
Secretary of State

Entity Name: PI KAPPA ALPHA GAMMA OMEGA HOUSING AND ALUMNI ASSOCIATION, INC.

Current Principal Place of Business:

2665 S BAYSHORE DR
SUITE 701
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

2665 S BAYSHORE DR
SUITE 701
MIAMI, FL 33133

New Mailing Address:

FEI Number: 65-0355421 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUTIERREZ, JR., NICOLAS J ESQ.
2665 S BAYSHORE DR
SUITE 701
MIAMI, FL 33133 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: SD () Delete
Name: GUTIERREZ, JR., NICOLAS J ESQ.
Address: 2665 S BAYSHORE DRIVE, SUITE 701
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: LARSON, RAYMOND M
Address: 30855 SW 205 AVENUE
City-St-Zip: MIAMI, FL 33030

Title: DP () Delete
Name: MENDELSBERT, SCOTT W
Address: 10861 SW 120TH STREET
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: O'STEEN, SCOTT
Address: 13925 N.W. 60TH AVENUE
City-St-Zip: MIAMI LAKES, FL 33014

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:

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: NICOLAS J GUTIERREZ

SD

04/24/2007

Electronic Signature of Signing Officer or Director

_____ Date