

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49411

FILED
Apr 29, 2007
Secretary of State

Entity Name: THE EMERALD ISLE IMMIGRATION CENTER OF FLORIDA, INC.

Current Principal Place of Business:

5801 EDWARDS ROAD
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

5801 EDWARDS ROAD
MARGATE, FL 33063

New Mailing Address:

FEI Number: 65-0341180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCALLISTER, DENNIS M.
5801 EDWARDS ROAD
MARGATE, FL 33063 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: PD () Delete
Name: MCALLISTER, DENNIS
Address: 5801 EDWARDS ROAD
City-St-Zip: MARGATE, FL

Title: VD () Delete
Name: FOWLER, JOHN
Address: 5801 EDWARDS RD
City-St-Zip: MARGATE, FL 33063

Title: TD (X) Delete
Name: HUDDK, KATHLEEN
Address: 7738 BALBOA ST
City-St-Zip: SUNRISE, FL 33351

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:

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: DENNIS MCALLISTER

PD

04/29/2007

Electronic Signature of Signing Officer or Director

Date