2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004611

FILED Jan 23, 2009 Secretary of State

Entity Name: HUMAN RESOURCE ASSOCIATION OF BROWARD COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

SAME AS MAILING ADDRESS FT. LAUDERDALE, FL 33310

Current Mailing Address: New Mailing Address:

PO BOX 9623

FT LAUDERDALE, FL 33310

FEI Number: 65-0319346 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROWLAND, ROMA PEREZ, MARIA G 2230 NÉ 56TH PL 1800 ELLER DRIVE

APT 202 SUITE 600

FORT LAUDERDALE, FL 33316 US FORT LAUDERDALE, FL 33308 US

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: MARIA PEREZ 01/23/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

ROWLAND, ROMA PEREZ, MARIA Name: Name: 1800 ELLER DRIVE, SUITE 600 Address: 2230 NE 56TH PL Address:

City-St-Zip: FORT LAUDERDALE, FL 33316 City-St-Zip: FORT LAUDERDALE, FL 33308

Title: () Delete Title: (X) Change () Addition

PEREZ, MARIA Name: BUSSEY, KIA-LEE Name:

Address: 3101 N. FEDERAL HIGHWAY Address: 3000 NORTHWEST 29TH COURT City-St-Zip:

FORT LAUDERDALE, FL 33306 City-St-Zip: HOLLYWOOD, FL 33020

Title: () Delete Title: (X) Change () Addition

KEATING, PATSY SMITH, RHEMILA Name: Name: 4323 N. CARAMBOLA CIRCLE 7901 S.W. 6TH COURT Address: Address: City-St-Zip: COCONUT CREEK, FL 33066 City-St-Zip: PLANTATION, FL 33324

Title: () Delete Title: (X) Change () Addition

Name: HAMILTON, MICHELLE Name: BENNETT, ADRIENNE

Address: 3342 LAUREL OAK STREET Address: 4660 COMMUNICATION AVENUE City-St-Zip: HOLLYWOOD, FL 33312 City-St-Zip: BOCA RATON, FL 33431

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: MARIA PEREZ **PRES** 01/23/2009