2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 29, 2006 8:00 am Secretary of State

DOCUMENT # N94000006324 03-29-2006 90114 027 ****61.25 WOMEN'S COUNCIL OF REALTORS DADE SOUTH CHAPTER, INC. Principal Place of Business Mailing Address PO BOX 566172 PO BOX 566172 MIAMI, FL 33256-6172 US MIAMI, FL 33256-6172 US 3. Mailing Address 49 STREET 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03152006 Chq-NP CR2E037 (11/05) City & State 4. FEI Number 65-0454093 Applied For City & State FLORIDA HALEAH Not Applicable Country ZISA Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ESPINOSA, ELIZABETH 4244 WEST 16 AVE Street Addre HIALEAH, FL 33012 HALEAH 8. 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. I am familiar the obligations of reg SIGNATURE red Agent signature required when reinstating: 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE ■ Addition ESPINOSA, ELIZABETH NAME NAME STREET ADDRESS 4244 WEST 16 AVE STREET ADDRESS HIALEAH, FL 33012 CITY-ST-ZIP CITY-ST-7IP PRESIDENT - DILECTOR ☐ Delete Change ☐ Addition TITLE TITLE DIAZ, NORKA M NAME 134 FAST 49 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH, FL 33013 VPD-PRESIDENT- BLECT / DIRECTO. Detete TITLE ☐ Addition SUAREZ, OLGA C NAME NAME STREET ADDRESS 7333 CORAL WAY STREET ADDRESS MIAMI, FL 33155 CITY-ST-ZIP CITY-ST-7IP Vice-PRESIDENT / DIRECTOR TRED. ☐ Addition ☐ Delete TITLE TITLE RUBIN DOROTHEE NAME NAME 999 BRICKELL AVE, SUITE 700 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE SECD. TITLE TREASURER I DIRECTOR MUCI, NORA NAME NAME 999 BRICKELL AVE STREET ADDRESS STREET ADDRESS MIAMI, FL 33131 CITY-ST-ZIP CITY-ST-ZIP SECRETARY / DIRECTOR ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 7137 SWILT AVE MINTO, FLERIDA 33183 CITY-ST-ZIP 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 reported by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with am address, with all other like empowered.

SIGNATURE: