2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001661

FILED Jun 09, 2009 Secretary of State

Entity Name: COMMUNICATION WORKERS OF AMERICA LOCAL 3178 BUILDING CORPORATION, INC.

Current Principal Place of Business: New Principal Place of Business: 7455 COLLINS AVE **SUITE #212** MIAMI BEACH, FL 33141 **New Mailing Address: Current Mailing Address:** 7455 COLLINS AVE SUITE #212 MIAMI BEACH, FL 33141 US FEI Number: 65-0533363 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHAMIS, PHYLLIS SINKES, JONATHAN 7455 COLLIN AVE 7455 CÓLLIN AVE SUITE 212 SUITE 212 MIAMI BEACH, FL 33141 US MIAMI BEACH, FL 33141 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: JONATHAN SINKES 06/09/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition STEVENS, VICTORIA Name: Name: 7455 COLLINS AVE SUITE #212 Address: Address: City-St-Zip: MIAMI BEACH, FL 33141 US City-St-Zip: Title: PD () Delete Title: () Change () Addition MCKINNON, RICHARD Name: Name: Address: 7455 COLLINS AVE SUITE #212 Address: City-St-Zip: MIAMI BEACH, FL 33141 US City-St-Zip: Title: VPD () Delete Title: () Change () Addition FISHER, JOSEPH Name: Name: 7455 COLLINS AVE SUITE #212 Address: Address: City-St-Zip: MIAMI BEACH, FL 33141 US City-St-Zip: (X) Change () Addition Title: SD () Delete Title: SD Name: SHAMIS, PHYLLIS Name: SINKES, JONATHAN 7455 COLLINS AVE SUITE #212 7455 COLLINS AVE SUITE #212 Address: Address: City-St-Zip: MIAMI BEACH, FL 33141 US City-St-Zip: MIAMI BEACH, FL 33141 US

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: JONATHAN SINKES SD 06/09/2009