2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# N96000003225

Entity Name: CISM-REGION II, INC.

Current Principal Place of Business:

5680 SW 87 AVENUE
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

5680 SW 87 AVENUE
MIAMI, FL 33173

New Mailing Address:

FEI Number: 25-0755599 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DURAN, NATALIE
5680 SW 87 AVENUE
MIAMI, FL 33173 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: PT ( ) Delete
Name: ROSSBY, CARLA
Address: 16501 SW 91 AVENUE
City-St-Zip: MIAMI, FL 33157

Title: VT ( ) Delete
Name: SOUFFRANT, NEAL
Address: 1151 NW 7ST
City-St-Zip: MIAMI, FL 33136

Title: T ( ) Delete
Name: ARTHUR, VELDORA
Address: 1151 NW 7 ST.
City-St-Zip: MIAMI, FL 33136

Title: STC ( ) Delete
Name: DURAN, NATALIE
Address: 5680 SW 87 AVENUE
City-St-Zip: MIAMI, FL 33173

Title: D ( ) Delete
Name: MESA, LEO
Address: 1601 N. PALM AVE. SUITE 311
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D ( ) Delete
Name: RODRIGUEZ, ANGELA
Address: 420 S DIXIE HWY STE 4C
City-St-Zip: CORAL GABLES, FL 33134

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MARTINEZ, ANGELA
Address: 420 S DIXIE HWY STE 4C
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NATALIE DURAN MS 04/26/2005

Electronic Signature of Signing Officer or Director — Date