2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N96000003515

Entity Name: AMERICAN BUSINESS WOMEN'S ASSOCIATION, PEMBROKE PINES CHAPTER, INC.

Current Principal Place of Business:

C/O JANE CABRERA
1630 NW 114TH AVE
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 822253
S. FLORIDA, FL 33082

New Mailing Address:

FEI Number: 65-0489007 **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:

CABRERA, JANE
1630 NW 114TH AVE
PEMBROKE PINES, FL 33026 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: VD ( ) Delete
Name: DEBRA, BYRNE-MATHEWS
Address: 109210 SW 10TH CT
City-St-Zip: PEMBROKE PINES, FL 33025

Title: TD ( ) Delete
Name: PAT, ORFELY
Address: 14621 BALGOWAN ROAD
City-St-Zip: MIAMI LAKES, FL 33016

Title: PD ( ) Delete
Name: CABRERA, JANE
Address: 1630 NW 114TH AVE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: SD ( ) Delete
Name: RANDY, BIRO
Address: 11020 SW 10 CT.
City-St-Zip: PEMBROKE PINES, FL 33325

Title: D ( ) Delete
Name: BLAUCH-MITCHELL, THERESA M
Address: 2101 SW 81ST WAY
City-St-Zip: DAVIE, FL 33324

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: JANE CABRERA PD 05/01/2006

Electronic Signature of Signing Officer or Director — Date