

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001482

FILED
Mar 20, 2009
Secretary of State

Entity Name: THE GRADUATE ASSOCIATION OF PHI GAMMA DELTA AT FLORIDA INTERNATIONAL UNIVERSITY, INC.

Current Principal Place of Business:

EWM - RON SHUFFIELD
355 ALHAMBRA CIRCLE, SUITE 950
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

EWM - RON SHUFFIELD
355 ALHAMBRA CIRCLE, SUITE 950
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0689397 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ROSS, JONATHAN
11340 SW 71ST STREET
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: PD () Delete
Name: O'KURLEY, ASHLEY
Address: 2333 BRICKELL AVENUE #407
City-St-Zip: MIAMI, FL 33129

Title: VD () Delete
Name: ROSS, JONATHAN
Address: 11340 SW 71ST STREET
City-St-Zip: MIAMI, FL 33173

Title: TD () Delete
Name: GARCIA-CASARIEGO, LESTER
Address: 7840 CAMINO REAL P-410
City-St-Zip: MIAMI, FL 33143

Title: SD () Delete
Name: PINO, JAVIER
Address: 1507 NW 113 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: LANDON, KIRK R
Address: 255 ALHAMBRA CIRCLE #820
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: ALMARALES, WIL
Address: 6957 SW 115 PL #B
City-St-Zip: MIAMI, FL 33173

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

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: LESTER GARCIA-CASARIEGO

TD

03/20/2009

Electronic Signature of Signing Officer or Director

Date