2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2008
Secretary of State

DOCUMENT# N98000002959

Entity Name: WOMEN ALLIANCE OF MIAMI-DADE & BROWARD, INC.

Current Principal Place of Business:

60 NW 161ST AVE
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

60 NW 161ST AVE
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 27-0006310 **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:

SICARD, AUDE M.L.
60 NW 161ST AVE
PEMBROKE PINES, FL 33028 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: DP ( ) Delete
Name: SICARD, AUDE M.L.
Address: 60 NW 161ST AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: DS ( ) Delete
Name: LARIEUX, MARYSE
Address: 10843 NW 8TH AVE
City-St-Zip: MIAMI, FL 33168

Title: DT ( ) Delete
Name: PIERRE, MAGALIE
Address: 7829 TROPICANA DR
City-St-Zip: MIRAMAR, FL 33023

Title: DV ( ) Delete
Name: MARTIN, MARIE JOSE
Address: 1966 NE 176TH ST
City-St-Zip: N MIAMI BEACH, FL 33162

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:

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: AUDE M.L. SICARD PRES 07/11/2008

Electronic Signature of Signing Officer or Director — Date