

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001877

FILED
Jan 16, 2004
Secretary of State**Entity Name:** SIGMA PHI EPSILON FLORIDA GAMMA CHAPTER ALUMNI BOARD, INC.**Current Principal Place of Business:**ONE BISCAYNE TOWER, SUITE 2400
2 SOUTH BISCAYNE BLVD
MIAMI, FL 33131**New Principal Place of Business:****Current Mailing Address:**ONE BISCAYNE TOWER, SUITE 2400
2 SOUTH BISCAYNE BLVD
MIAMI, FL 33131**New Mailing Address:****FEI Number:** 65-0922880**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ARCHAMBAULT, LOUIS P ESQ.
ONE BISCAYNE TOWER, SUITE 2400
2 SOUTH BLVD.
MIAMI, FL 33131 US**Name and Address of New Registered Agent:**ARCHAMBAULT, LOUIS P
ONE BISCAYNE TOWER, SUITE 2400
2 SOUTH BLVD.
MIAMI, FL 33131 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: LOUIS ARCHAMBAULT

01/16/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ARCHAMBAULT, LOUIS
Address: 150 W. FLAGLER ST, SUITE 2850 PENTHOUSE
City-St-Zip: MIAMI, FL 33130

Title: D () Delete
Name: GARCIA-PONS, CESAR M
Address: 8311 SW 27TH AVE
City-St-Zip: MIAMI, FL 33155

Title: DT () Delete
Name: MEDINA, REY
Address: 8751 GATEHOUSE ROAD, #7
City-St-Zip: PLANTATION, FL 333243144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ARCHAMBAULT, LOUIS
Address: ONE BISCAYNE TOWER, S2400, 2 S. BISCAYNE B
City-St-Zip: MIAMI, FL 33130

Title: D (X) Change () Addition
Name: SCOTTLAND, ROBERT
Address: 4775 COLLINS AVE., APT. 240
City-St-Zip: MIAMI BEACH, FL 33140

Title: DT (X) Change () Addition
Name: MEDINA, REY
Address: 8751 GATEHOUSE ROAD, #7
City-St-Zip: PLANTATION, FL 33324

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: LOUIS ARCHAMBAULT

DP

01/16/2004

Electronic Signature of Signing Officer or Director

Date