

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001877

FILED  
Mar 15, 2007  
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  
ONE BISCAYNE TOWER, SUITE 2400  
2 SOUTH BLVD.  
MIAMI, FL 33131 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: DS ( ) Delete  
Name: ARCHAMBAULT, LOUIS  
Address: ONE BISCAYNE TOWER, S2400, 2 S. BISCAYNE B  
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete  
Name: MERCHAN, GARY  
Address: 10811 SW 48TH TERRACE  
City-St-Zip: MIAMI, FL 33165

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

Title: DP ( ) Delete  
Name: DIAZ, JOSE F  
Address: 14031 SW 22ND STREET  
City-St-Zip: MIAMI, FL 33175

**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 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: LOUIS ARCHAMBAULT

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03/15/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date