

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722782

FILED
Mar 21, 2009
Secretary of State

Entity Name: MIAMI LAKES CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

7333 MIAMI LAKES DR
SUITE 222
MIAMI LAKES, FL 33014 US

New Principal Place of Business:

Current Mailing Address:

7333 MIAMI LAKES DR
SUITE 222
MIAMI LAKES, FL 33014 US

New Mailing Address:

FEI Number: 59-1735450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELIAS-LEVENSON, CARMEN
5979 NW 151 ST. #221
MIAMI LAKES, FL 33014 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: P () Delete
Name: DAVID, WAUD
Address: 7050 W. 2ND LANE
City-St-Zip: HIALEAH, FL 33014

Title: TD () Delete
Name: ELIAS-LEVENSON, CARMEN
Address: 5979 NW 151 ST, #221
City-St-Zip: MIAMI LAKES, FL 33014

Title: VP () Delete
Name: FALERO, MARA L
Address: 6600 COW PEN RD
City-St-Zip: MIAMI LAKES, FL 33014

Title: S () Delete
Name: RYAN, PATRICIA
Address: 7333 MIAMI LKS DR #222
City-St-Zip: MIAMI LAKES, FL 33014

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: S (X) Change () Addition
Name: HASSALL, BARBARA
Address: 7333 MIAMI LKS DR #222
City-St-Zip: MIAMI LAKES, FL 33014

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: CARMEN ELIAS-LEVENSON

TD

03/21/2009

Electronic Signature of Signing Officer or Director

_____ Date