

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725628

FILED  
Jan 18, 2007  
Secretary of State

Entity Name: BOYS AND GIRLS CLUBS OF MIAMI, INC.

**Current Principal Place of Business:**

2805 S W 32 AVE  
MIAMI, FL 33133 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 330219  
MIAMI, FL 33233 US

**New Mailing Address:**

PO BOX 330219  
MIAMI, FL 332330219 US

FEI Number: 59-0879227

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LANGER, JACK  
2805 S W 32ND AVE  
MIAMI, FL 33133 US

**Name and Address of New Registered Agent:**

BERNHARDT, JAMES T  
1700 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 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: JAMES T. BERNHARDT

01/18/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LANGER, JACK  
Address: 913 ANDALUSIA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

Title: VD ( ) Delete  
Name: BERNHARDT, JAMES T  
Address: 1700 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33134

Title: VD ( ) Delete  
Name: GUILARTE, OLGA  
Address: 1570 MADRUGA AVENUE, SUITE 305  
City-St-Zip: CORAL GABLES, FL 33146

Title: TD ( ) Delete  
Name: RENTZ, LARRY  
Address: 1000 BRICKELL AVE, #300  
City-St-Zip: MIAMI, FL 33131

Title: SD ( ) Delete  
Name: HAMILTON, BERTHA  
Address: 2109 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: LANGER, JACK  
Address: 913 ANDALUSIA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

Title: PD (X) Change ( ) Addition  
Name: BERNHARDT, JAMES T  
Address: 1700 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33134

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: JAMES T. BERNHARDT

PD

01/18/2007

Electronic Signature of Signing Officer or Director

Date