


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90300 006 ****70.00

DOCUMENT # 758812 1. Entity Name COCONUT GROVE CHAMBER OF COMMERCE, INC.	
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Principal Place of Business 2820 MCFARLANE RD. MIAMI, FL 33133	Mailing Address 2820 MCFARLANE RD. MIAMI, FL 33133
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50042295



04072005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-0877858	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GORDON, SETH 2820 MCFARLANE RD. MIAMI, FL 33133
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE CHARITY H. JOHNSON Charity H. Johnson 4/15/05
EXECUTIVE DIRECTOR (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A JOHN A. UCEGIONA JOHNSON, CHARITY 2820 MCFARLANE RD. COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GORDON, SETH EVINS, FRONTIS "DUB" 2820 MCFARLANE ROAD COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GREEN, REBECCA GANNON, PATRICK 2820 MCFARLANE RD COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OWEN, SHELIA LOCICERO, DOREEN 2820 MCFARLANE ROAD COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GANNON, PAT PERDIGON, SHELLIE 2820 MCFARLANE RD COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Shellie Perdigon 4/15/05 305 341-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #