

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758812

FILED  
Apr 15, 2009  
Secretary of State

**Entity Name:** COCONUT GROVE CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

2820 MCFARLANE RD.  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

2820 MCFARLANE RD.  
MIAMI, FL 33133

**New Mailing Address:**

**FEI Number:** 59-0877858

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ISSA, RICHARD  
2820 MCFARLANE RD.  
MIAMI, FL 33133 US

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

GUZIKOWSKI, DAVID  
2820 MCFARLANE RD.  
MIAMI, FL 33133 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: DAVID GUZIKOWSKI

04/15/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DONES, LILIANA  
Address: 2820 MCFARLANE ROAD  
City-St-Zip: COCONUT GROVE, FL 33133

Title: VP ( ) Delete  
Name: CIUCA, GARY  
Address: 2820 MCFARLANE RD  
City-St-Zip: COCONUT GROVE, FL 33133

Title: S ( ) Delete  
Name: HAWKS, CAROL  
Address: 2820 MCFARLANE ROAD  
City-St-Zip: COCONUT GROVE, FL 33133

Title: T ( ) Delete  
Name: NOBOA, ANTHONY  
Address: 2820 MCFARLANE RD  
City-St-Zip: COCONUT GROVE, FL 33133

Title: A ( ) Delete  
Name: ISSA, RICHARD  
Address: 2820 MACFARLANE RD  
City-St-Zip: COCONUT GROVE, FL 33133

**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:

Title: A (X) Change ( ) Addition  
Name: GUZIKOWSKI, DAVID  
Address: 2820 MACFARLANE RD  
City-St-Zip: COCONUT GROVE, FL 33133

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: DAVID GUZIKOWSKI

A

04/15/2009

Electronic Signature of Signing Officer or Director

Date