

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 31, 2009
Secretary of State

DOCUMENT# 758812

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:**GUZIKOWSKI, DAVID
2820 MCFARLANE RD.
MIAMI, FL 33133 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: NOBOA, ANTHONY
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: VP () Delete
Name: MIA, STIERHEIM
Address: 2820 MCFARLANE ROAD
City-St-Zip: COCONUT GROVE, FL 33133

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

Title: S () Delete
Name: ALONSO-POCH, MANUEL
Address: 2820 MACFARLANE RD
City-St-Zip: COCONUT GROVE, FL 33133

Title: A () Delete
Name: GUZIKOWSKI, DAVID
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: EVP (X) Change () Addition
Name: STIERHEIM, MIA
Address: 2820 MCFARLANE RD
City-St-Zip: COCONUT GROVE, FL 33133

Title: VP (X) Change () Addition
Name: CIUCA, GARY
Address: 2820 MCFARLANE ROAD
City-St-Zip: COCONUT GROVE, FL 33133

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 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

07/31/2009

Electronic Signature of Signing Officer or Director_____
Date