


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90014 031 ****70.00

DOCUMENT # 762700			
1. Entity Name NAMI OF MIAMI, INC.			
Principal Place of Business 7860 SW 57 AVE MIAMI, FL 33143		Mailing Address 5711 S DIXIE HWY MIAMI, FL 33143	
2. Principal Place of Business 6780 SW 57 AVE		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33143		Country USA	
4. FEI Number 59-2207150		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		07052004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PEREZ, ANDREA I 15536 SW 151 ST MIAMI, FL 33196		Name ROBINSON, JUDITH	
		Street Address (P.O. Box Number is Not Acceptable) 11756 SW 102 STREET	
		City MIAMI FL Zip Code 33186	
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 <i>Judith Robinson</i> JUDITH ROBINSON		DATE 7-8-04	
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NORIEGA, LAMAR 1001 HARDEE RD CORAL GABLES, FL 33146 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D ROBINSON, JUDITH 11756 S.W. 102 STREET MIAMI, FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARSONS, KIP 6931 SW 55 TERR MIAMI, FL 33155 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/P/D LEWIS, GARLIN 600 BILTMORE WAY, #1204 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ZIMMER, MARK 9225 SW 68 STREET MIAMI, FL 33173 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D ZIMMER, MARK 9225 SW 68 STREET MIAMI, FL 33173 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEBENHAM, STUART 6100 SW 118TH STREET MIAMI, FL 33156 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D HERNANDEZ, VICTOR 7101 S.W. 129 AVE #6 MIAMI, FL 33183 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BASILE, GINA 2717 SW 28 CT MIAMI, FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Judith Robinson</i> JUDITH ROBINSON		Date 7-8-04 305-271-0188	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

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