2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2007 8:00 am
Secretary of State
02-28-2007 90013 033 ****61.25

DOCUMENT # N00000003511

1. Entity Name

EVCLAY/PRSA MIAMI CHAPTER ENDOWMENT FUND, INC.

Principal Place of Business	Mailing Address
6701 S W 94TH STREET PINECREST FL 33156	6701 S W 94TH STREET PINECREST FL 33156

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROSS, ROBERT C 6701 S W 94TH STREET PINECREST FL 33156	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 GONZALEZ-ROBION, GEORGIANA 3663 S MIAMI AVE RM 3772 MIAMI FL 33133	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD NATALIA FLORES 13205 SW 137 Ave., Suite 229 Miami, FL 33186	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	~~D~~ ~~FLORES, RIATARIA~~ ~~1001 WASHINGTON AVE 2ND~~ FL ~~MIAMI BEACH FL 33139~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VD Randall R. Mckey 300 Sevilla Ave., Suite 208 Miami, FL 33134-6623	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	SD MERZ, JESSICA 11273 N. KENDALL DRIVE, APT J114 MIAMI FL 33176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BOUCARD, CAROLE 7951 SW 6TH ST PLANTATION FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSS, ROBERT C 6701 SW 94 ST MIAMI FL 33156	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Robert C Ross Feb. 20, 2007 305-666-0012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #