

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008676

FILED  
Apr 23, 2007  
Secretary of State

Entity Name: THE KEY BISCAYNE CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

88 WEST MCINTYRE STREET  
SUITE 100  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

88 WEST MCINTYRE STREET  
SUITE 100  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

FEI Number: 59-1163127      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FRIED, MORTIMER  
291 HARBOR COURT  
KEY BISCAYNE, FL 33149      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: PD      ( ) Delete  
Name: VARKAS, SHAYNA  
Address: 88 WEST MCINTYRE STREET  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VPD      ( ) Delete  
Name: BORROTO, MARILYN  
Address: 88 WEST MCINTYRE STREET  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: TD      ( ) Delete  
Name: SILVA, CASSIA  
Address: 88 WEST MCINTYRE STREET  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: SD      ( ) Delete  
Name: VON HARTZ, GLEN  
Address: 88WEST MCINTYRE STREET  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: DIR      ( ) Delete  
Name: SUSNJER, KATHYE G  
Address: 88 WEST MCINTYRE STREET  
City-St-Zip: KEY BISCAYNE, FL 33149

**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:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KATHYE SUSNJER

DIR

04/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date