2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006820

FILED Jan 27, 2006 Secretary of State

Entity Name: MIAMI-DADE BUSINESS LEADERSHIP NETWORK, INC.

Current Principal Place of Business: New Principal Place of Business: C/O ROBERT BROMBERG C/O ROBERT BROMBERG 1110 BRICKELL AVE STE 512 1110 BRICKELL AVE STE 800 MIAMI, FL 33131 MIAMI, FL 33131 **Current Mailing Address:** New Mailing Address: C/O ROBERT BROMBERG C/O ROBERT BROMBERG 1110 BRICKELL AVE STE 800 1110 BRICKELL AVE STE 512 MIAMI, FL 33131 MIAMI, FL 33131 FEI Number: 14-1941173 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE STE 3000 MIAMI, FL 33131 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change (X) Addition BROMBERG, BOB Name: Name: Address: Address: 1110 BRICKELL AVENUE, SUITE 800 City-St-Zip: City-St-Zip: MIAMI, FL 33131 US Title: Title: () Change (X) Addition () Delete Name: Name: FIKE, PATRICE Address: Address: 1601 NW 12TH AVENUE City-St-Zip: City-St-Zip: MIAMI, FL 33136 US Title: () Delete Title: SEC () Change (X) Addition FRIEDMAN, ROBERT ESQ. Name: Name: 701 BRICKELL AVENUE, SUITE 3000 Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33131 US Title: () Delete Title: DIR () Change (X) Addition Name: Name: CIFFONI, ZULAY 703 WATERFORD WAY, SUITE 400 Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33126 US Title: () Delete Title: () Change (X) Addition CASTILLO-FRICK, ILIANA Name: Name: 11011 SW 104TH STREET, ROOM 1107 Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33176 US Title: () Delete Title: () Change (X) Addition LEACHMAN, MATT Name: Name: Address: Address: 10250 NW 53RD STREET SUNRISE, FL 33351 US City-St-Zip: 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: BOB BROMBERG PRES 01/27/2006