

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31337

FILED
May 01, 2006
Secretary of State

Entity Name: MIAMI SPRINGS/AIRPORT AREA CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

100 WESTWARD DRIVE
MIAMI SPRINGS, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 660150
MIAMI SPRINGS, FL 33266 US

New Mailing Address:

FEI Number: 65-0131977 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SAAVEDRA, ALDO
100 WESTWARD DRIVE
MIAMI SPRINGS, FL 33166 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: SAAVEDRA, ALDO
Address: 100 WESTWARD DRIVE
City-St-Zip: MIAMI SPRINGS, FL 33166 US

Title: VP/S () Delete
Name: PALMER, MARJORIE
Address: 100 WESTWARD DRIVE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: D () Delete
Name: WOLAR, SUZANNE
Address: 100 WESTWARD DRIVE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: D () Delete
Name: ROSSON, TAPPY
Address: 190 WESTWARD DR.
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: D () Delete
Name: BOWEIN, SHERRYL
Address: 69 WESTWARD DRIVE
City-St-Zip: MIAMI SPRINGS, FL 33166 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: WOLAR, SUZANNE C
Address: 100 WESTWARD DRIVE
City-St-Zip: MIAMI SPRINGS, FL 33166

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: SUZANNE CONLON WOLAR

D

05/01/2006

Electronic Signature of Signing Officer or Director

_____ Date