

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90028 049 ****70.00

DOCUMENT # N95000000888
 1. Entity Name
 COALITION OF DADE COUNTY CHAMBERS OF COMMERCE, INC.



Principal Place of Business: C/O MIAMI BEACH CHAMBER OF COMMERCE, 1920 MERIDIAN AVENUE, MIAMI BEACH, FL 33139 US
 Mailing Address: C/O MIAMI BEACH CHAMBER OF COMMERCE, 1920 MERIDIAN AVENUE, MIAMI BEACH, FL 33139 US

J4000000

DO NOT WRITE IN THIS SPACE



01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0598802	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SINGER, BRUCE M.
 1920 MERIDIAN AVE
 MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCE SCHWARTZ, GERALD K 1111 LINCOLN RD., STE 800 MIAMI, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CUSON, TERRY 18360 NW 2ND AVENUE, STE 600 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGER, BRUCE 1920 MERIDIAN AVENUE MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MASSON, DONNA 6410 S.W. 80TH ST. S. MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANNETTE TADDEO 1920 Meridian Ave Miami Beach, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Bruce Singer 1/9/04 308-672-1270
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #