
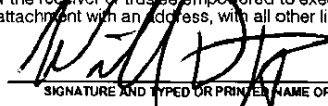


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90387 014 \*\*\*\*70.00

<b>DOCUMENT # 731069</b> 1. Entity Name THE MIAMI-DADE CHAMBER OF COMMERCE, INC.					
Principal Place of Business 11380 NORTHWEST 27TH AVENUE SUITE 1328 MIAMI, FL 33167 US			Mailing Address 11380 NORTHWEST 27TH AVENUE SUITE 1328 MIAMI, FL 33167 US		
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 59-6560023	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DIGGS, WILLIAM 11380 NORTHWEST 27TH AVENUE SUITE 1328 MIAMI, FL 33167				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee Is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEST, ALVIN		NAME		
STREET ADDRESS	701 BRICKELL AVE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33131		CITY - ST - ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNOWLES, ERIC		NAME		
STREET ADDRESS	2269 DAN MARINO BLVD		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33056		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENDERSON, MARC		NAME		
STREET ADDRESS	90 NE 96TH STREET		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33138		CITY - ST - ZIP		
TITLE	VC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRIDGEMAN, DEXTER		NAME		
STREET ADDRESS	1756 N BAYSHORE DRIVE, #31-A		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33132		CITY - ST - ZIP		
TITLE	PCEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIGGS, WILLIAM		NAME		
STREET ADDRESS	9190 BISCAYNE BLVD, #201		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33138		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> 			William Diggs		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-21-08 (305) 751-8648		
			<small>Date Daytime Phone #</small>		