

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 22, 2008
Secretary of State

DOCUMENT# N00797

Entity Name: WOMEN'S CHAMBER OF COMMERCE OF MIAMI-DADE COUNTY, INC.**Current Principal Place of Business:**PLAZA 51-225
444 BRICKELL AVE
MIAMI, FL 33131 US**New Principal Place of Business:****Current Mailing Address:**PLAZA 51-225
444 BRICKELL AVE
MIAMI, FL 33131 US**New Mailing Address:****FEI Number:** 59-2371670 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MCGILL, LISA
1560 SAWGRASS CORPORATE PARKWAY, STE 220
SUNRISE, FL 33323 US**Name and Address of New Registered Agent:**DAMIAN, MELANIE
1000 BRICKELL AVENUE
1020
MIAMI, FL 33131 US

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: MELANIE E. DAMIAN

12/22/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCGILL, LISA
Address: 1560 SAWGRASS CORPORATE PARKWAY, STE 220
City-St-Zip: SUNRISE, FL 33323

Title: VPD () Delete
Name: DAMIAN, MELANIE
Address: 1000 BRICKELL AVENUE, STE 1020
City-St-Zip: MIAMI, FL 33131

Title: SD () Delete
Name: SHANNON, SANDRA
Address: MIA DADE PUBLIC SCH., 1555 NE 2ND AVE
City-St-Zip: MIAMI, FL 33132

Title: PP (X) Delete
Name: MCKEOWN, TAMARA
Address: 100 SE 2ND STREET, STE. 3950
City-St-Zip: MIAMI, FL 33131

Title: TD () Delete
Name: LARIAS, ANA
Address: 1001 BRICKELL BAY DRIVE, 9TH FL
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MELANIE, DAMIAN
Address: 1000 BRICKELL AVENUE, SUITE 1020
City-St-Zip: MIAMI, FL 33131

Title: VP (X) Change () Addition
Name: JANICE, GONZALES
Address: 1000 BRICKELL AVENUE, SUITE 1020
City-St-Zip: MIAMI, FL 33131

Title: SD (X) Change () Addition
Name: RIESBERG, BARBARA
Address: 1000 BRICKELL AVENUE, SECOND FLOOR
City-St-Zip: MIAMI, FL 33131

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 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: MELANIE E. DAMIAN

PRES

12/22/2008

Electronic Signature of Signing Officer or Director

Date