2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2009
Secretary of State

DOCUMENT# N04000006273

Entity Name: CHIEF PETTY OFFICERS OF MIAMI, INC.

Current Principal Place of Business:

720 BAYSHORE DRIVE, APT. 403
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

720 BAYSHORE DRIVE, APT. 403
FORT LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 20-2128926 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUMIN, EDWARD R
2755 E. OAKLAND PARK BLVD., SUITE 304
FORT LAUDERDALE, FL 33306 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: PRES ( ) Delete
Name: VIGGIANO, ROBIN
Address: 6310 SCOTT STREET
City-St-Zip: HOLLYWOOD, FL 33024

Title: VP ( ) Delete
Name: TEDLOW, RICK
Address: 4576 SW 139TH SOUTH APT A
City-St-Zip: MIAMI, FL 33175

Title: TREA ( ) Delete
Name: LIPPINCOTT, JERRY
Address: 9624 NW 41ST
City-St-Zip: SUNRISE, FL 33351

Title: SEC ( ) Delete
Name: MALONE, STELLA G
Address: 720 BAYSHORE DRIVE #403
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JERRY LIPPINCOTT TREA 03/21/2009

Electronic Signature of Signing Officer or Director Date