


# NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

<b>DOCUMENT #</b> N 13367	
1. Entity Name Miami Bayside Foundation, Inc	

FILED  
08 JUL -8 PM 3: 21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 2625 Ponce de Leon Blvd Suite, Apt. #, etc. Ste 101		3. Mailing Address Post Office Box 510520 Suite, Apt. #, etc.	
City & State Coral Gables FL		City & State Miami, Florida	
Zip 33134	Country USA	Zip 33151	Country USA

CR2E037B (8/05)

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name Dwayne A. Wynn	
	Street Address (P.O. Box Number is Not Acceptable) 741 N.W. 62nd Street	
	741 N.W. 62nd Street	
	City Miami	FL Zip Code 33150

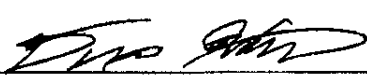
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE Dwayne A. Wynn  4/9/2008  
Signature typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when re-registering) DATE

<b>FEE IS \$61.25</b> Initial or Amended AR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to</b> Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Mr. T.W. Fair 8500 N.W. 25th Avenue Miami, Florida 33147	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500132507955 07/09/08--01001--001 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC - Ms. Ester Monzon-Aguirre 2332 Galvani St. Suite 250 Coral Gables, Florida 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S - Mr. Dwayne A. Wynn 741 N.W. 62nd Street Miami, Florida 33150	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T - Mr. Ronald E. Frazier 2125 Biscayne Blvd., Ste. 330 Miami, Florida 33137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Dwayne A. Wynn  4/9/2008 305-751-3999