

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00797

FILED  
Mar 25, 2009  
Secretary of State

**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:**

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

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

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

Title: VP (X) Change ( ) Addition  
Name: JANICE, GONZALEZ  
Address: 1000 BRICKELL AVENUE, SUITE 1020  
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: HANNAH BRADLEY

MS.

03/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date