

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90288 017 ****61.25

DOCUMENT # 708826

1. Entity Name
CERAMIC LEAGUE OF MIAMI, INC.



Principal Place of Business
**8873 SW 129TH STREET
 MAM, FL 33176**

Mailing Address
**8873 SW 129TH STREET
 MAM, FL 33176**

60025684



2. Principal Place of Business

3. Mailing Address

03162006 Chg-NP CR2E037 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-1060568

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLEDGE, SANDRA L
 1235 CATALONIA AVE
 MIAMI, FL 33134**

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 *Sandra L. Milledge* **SANDRA L. MILLEDGE, TREASURER**

4/10/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** Delete
 NAME **MILLEDGE, SANDRA L**
 STREET ADDRESS **1235 CATALONIA**
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **CAMPBELL, WALFORD**
 STREET ADDRESS **175 NW 86 ST.**
 CITY-ST-ZIP **MIAMI, FL 33150**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **FESTINGER, JANET Q**
 STREET ADDRESS **616 SANTURCE AVE.**
 CITY-ST-ZIP **CORAL GABLES, FL 33143**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **NEUMANN, PAMELA**
 STREET ADDRESS **4605 SW 89 AVENUE**
 CITY-ST-ZIP **MIAMI, FL 33165**

TITLE Change Addition
 NAME **PD NEUMANN, PAMELA**
 STREET ADDRESS **4605 SW 89 AVE**
 CITY-ST-ZIP **MIAMI, FL 33165**

TITLE **D** Delete
 NAME **GERLACJ, JILL**
 STREET ADDRESS **16720 SW 78 AVE**
 CITY-ST-ZIP **MIAMI, FL 33157**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **SD CARSEY THOMAS**
 STREET ADDRESS **9261 SW 166 ST**
 CITY-ST-ZIP **MIAMI, FL 33157**

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.

Sandra L. Milledge **SANDRA L. MILLEDGE, TREASURER** **4/10/06** **305-446-5201**