

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708907

FILED  
Mar 03, 2005  
Secretary of State

**Entity Name:** GREATER MIAMI CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

1601 BISCAYNE BLVD  
MIAMI, FL 33132

**New Principal Place of Business:**

**Current Mailing Address:**

1601 BISCAYNE BLVD  
MIAMI, FL 33132

**New Mailing Address:**

**FEI Number:** 59-0358775

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JEFFREY BRIDGES  
1601 BISCAYNE BLVD  
MIAMI, FL 33132 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: OD ( ) Delete  
Name: BRIDGES, JEFFREY CFO  
Address: 1601 BISCAYNE BLVD/BALLROOM  
City-St-Zip: MIAMI, FL 33132

Title: CD ( ) Delete  
Name: HARPER, ALLEN C  
Address: 1360 SO. DIXIE HIGHWAY  
City-St-Zip: CORAL GABLES, FL 33146

Title: TD ( ) Delete  
Name: CARLTON, ROGER M  
Address: 200 SO. BISCAYNE BLVD., #1080  
City-St-Zip: MIAMI, FL 33131

Title: OD ( ) Delete  
Name: FOYO, GEORGE  
Address: 1601 BISCAYNE BLVD./BALLROOM  
City-St-Zip: MIAMI, FL 33132

Title: D ( ) Delete  
Name: JEDLINSKI, JOANN  
Address: 1601 BISCAYNE BLVD./BALLROOM  
City-St-Zip: MIAMI, FL 33132

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JEFFREY BRIDGES

CFO

03/03/2005

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

\_\_\_\_\_  
Date