

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708907

FILED
May 15, 2007
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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LORRIE FOLTYN
1601 BISCAYNE BLVD
MIAMI, FL 33132 US

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: ACOSTA, MARIA CFO
Address: 1601 BISCAYNE BLVD/BALLROOM
City-St-Zip: MIAMI, FL 33132

Title: CD () Delete
Name: HENRIQUES, ADOLFO
Address: 355 ALHAMBRA CIRCLE, 9TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: TD () Delete
Name: MESSER, JOHN
Address: 801 BRICKELL AVENUE, #2450
City-St-Zip: MIAMI, FL 33131

Title: OD () Delete
Name: JOHNSON, BARRY CEO
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 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: MARIA ACOSTA

EVP

05/15/2007

Electronic Signature of Signing Officer or Director

Date