2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# 708907

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:

LORRIE FOLTYN
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: ECHOLS, KAREN CFO
Address: 1601 BISCAYNE BLVD/BALLROOM
City-St-Zip: MIAMI, FL 33132

Title: CD ( ) Delete
Name: KLEIN, HANK
Address: 200 S. BISCAYNE BLVD., STE. #2800
City-St-Zip: MIAMI, FL 33131

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: OD (X) Change ( ) Addition
Name: ECHOLS, KAREN COO/CFO
Address: 1601 BISCAYNE BLVD/BALLROOM
City-St-Zip: MIAMI, FL 33132

Title: CD (X) Change ( ) Addition
Name: FERNANDEZ-GUZMAN, CARLOS CHAIR
Address: 7815 NW 148TH STREET
City-St-Zip: MIAMI LAKES, FL 30016

Title: TD (X) Change ( ) Addition
Name: LOPEZ, ALBERT TREAS.
Address: 1111 BRICKELL AVE., #3000
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: LORRIE FOLTYN VP 04/20/2009

Electronic Signature of Signing Officer or Director — Date