

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-10-2004 90029 030 ****70.00

DOCUMENT # 720465

1. Entity Name

SWITCHBOARD OF MIAMI, INC.



Principal Place of Business

701 SW 27 AVE
1000
MIAMI FL 33135
US

Mailing Address

701 SW 27 AVE
1000
MIAMI FL 33135
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1348970

Applied For

Not Applicable

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

JOHNSON, NADINE
701 S.W. 27TH AVE., SUITE 1000
MIAMI FL 33135

Name **Thamara Labrousse**

Street Address (P.O. Box Number is Not Acceptable)

701 S.W. 27th Avenue, Suite 1000

City

Miami

FL

Zip Code
33155

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/3/04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 **PD** ☐ Delete
NAME **CARRODEGUAS, VINCENT**
STREET ADDRESS **2121 PONCE DE LEON BLVD., STE 1100**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **M** ☒ Delete
NAME **JOHNSON, NADINE**
STREET ADDRESS **2457 S. BAYSHORE DR.**
CITY-ST-ZIP **COCONUT GROVE FL**

TITLE **M** ☐ Change ☒ Addition
NAME **LABROUSSE, THAMARA**
STREET ADDRESS **541 N.E. 71ST STREET**
CITY-ST-ZIP **MIAMI, FL 33138**

TITLE **VD** ☐ Delete
NAME **ROSENBERG, MICHAEL**
STREET ADDRESS **3550 ROYAL PALM AVE.**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ID** ☐ Delete
NAME **NORIEGA, ART**
STREET ADDRESS **190 N.E. 3RD ST.**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/04 **(805) 358-1640**

Date

Daytime Phone #