

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90054 007 ****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

01282005 Chg-NP CR2E037 (10/03)

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

LABROUSSE, THAMARA
701 SW 27TH AVE STE 1000
MIAMI, FL 33155

Name
Lawrence Suran
Street Address (P.O. Box Number is Not Acceptable)
701 S.W. 27th Avenue, Suite 1000
City Miami FL Zip Code 33135

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/31/05

DATE

Filing Fee is \$61.25
Due by May 1, 2005

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

TITLE PD ☒ Change ☐ Addition
NAME Rosenberg, Michael
STREET ADDRESS 3550 Royal Palm Avenue
CITY-ST-ZIP Coconut Grove, FL 33133

TITLE M ☒ Delete
NAME LABROUSSE, THAMARA
STREET ADDRESS 541 NE 71ST ST
CITY-ST-ZIP MIAMI, FL 33138

TITLE M ☒ Change ☐ Addition
NAME Suran, Lawrence
STREET ADDRESS 7660 S.W. 146th Street
CITY-ST-ZIP Miami, FL 33158

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

TITLE VD ☒ Change ☐ Addition
NAME Hudak Jr., Edward
STREET ADDRESS 2801 Salzedo Street
CITY-ST-ZIP Coral Gables, FL 33134

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

TITLE TD ☒ Change ☐ Addition
NAME Hill, Janice
STREET ADDRESS 116 Alhambra Circle, Suite J
CITY-ST-ZIP Miami, FL 33134

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #