

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720465

FILED
Feb 06, 2007
Secretary of State

Entity Name: SWITCHBOARD OF MIAMI, INC.

Current Principal Place of Business:

701 SW 27 AVE
1000
MIAMI, FL 33135 US

New Principal Place of Business:

Current Mailing Address:

701 SW 27 AVE
1000
MIAMI, FL 33135 US

New Mailing Address:

FEI Number: 59-1348970 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LABROUSSE, THAMARA
701 SW 27TH AVE
STE 1000
MIAMI, FL 33155 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: PD () Delete
Name: ROSENBERG, MICHAEL
Address: 3550 ROYAL PALM AVENUE
City-St-Zip: COCONUT GROVE, FL 33133

Title: M () Delete
Name: LABROUSSE, THAMARA
Address: 541 NE 71ST STREET
City-St-Zip: MIAMI, FL 33138

Title: VD () Delete
Name: HUDAK, EDWARD JR
Address: 2801 SALZEDO STREET
City-St-Zip: CORAL GABLES, FL 33134

Title: TD () Delete
Name: BARRETT, ROBERT C
Address: 2937 SW 27TH AVENUE, SUITE 305
City-St-Zip: COCONUT GROVE, FL 33133

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HUDAK, EDWARD
Address: 2801 SALZEDO STREET
City-St-Zip: CORAL GABLES, FL 33134

Title: ED (X) Change () Addition
Name: LABROUSSE, THAMARA
Address: 541 NE 71ST STREET
City-St-Zip: MIAMI, FL 33138

Title: VP1 (X) Change () Addition
Name: NORIEGA, ARTHUR
Address: 190 NE 3RD STREET
City-St-Zip: MIAMI, FL 33132

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

Title: VP2 () Change (X) Addition
Name: BEILEY, STEVEN
Address: 550 BILTMORE WAY, SUITE 700
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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: THAMARA LABROUSSE

ED

02/06/2007

Electronic Signature of Signing Officer or Director

_____ Date