2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 08:00 AM
Secretary of State

DOCUMENT # 722782

1. Entity Name
MIAMI LAKES CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
7333 MIAMI LAKES DR SUITE 222 MIAMI LAKES, FL 33014 US	7333 MIAMI LAKES DR SUITE 222 MIAMI LAKES, FL 33014 US

DO NOT WRITE IN THIS SPACE

04292004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1735450
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NAYLOR, MARLENE
15535 MIAMI LAKEWAY N
#205
MIAMI LAKES, FL 33014

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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 DAVID MORRIS TREASURER 4/29/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	KALLO, OLEATHIA
STREET ADDRESS	15535 MIAMI LAKEWAY N # 205
CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	TD
NAME	MORRIS, DAVID
STREET ADDRESS	15527 BULL RUN RD.
CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	D
NAME	COX, PAULA
STREET ADDRESS	7975 NW 154TH STREET, #340
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	PD
NAME	FALERO, MARA L
STREET ADDRESS	6600 COW PEN RD
CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	D
NAME	REY, JUSTO
STREET ADDRESS	7333 MIAMI LKS DR #222
CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/10/04-80002-008 61.25

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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: DAVID MORRIS TREASURER 4/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #