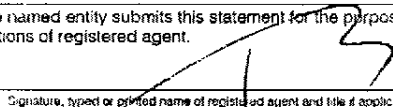
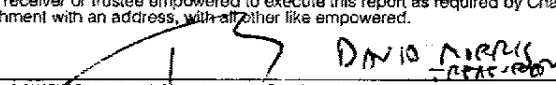


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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 7333 MIAMI LAKES DR SUITE 222 MIAMI LAKES, FL 33014 US		Mailing Address 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		DO NOT WRITE IN THIS SPACE
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. DAVID MORRIS TREASURER 4/29/07 DATE (NOTE: Registered Agent signature required when reinstating)		
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		DO NOT WRITE IN THIS SPACE U000000158747 05/10/04-80002-008 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KALLO, OLEATHIA 15535 MIAMI LAKEWAY N # 205 MIAMI LAKES, FL 33014	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORRIS, DAVID 15527 BULL RUN RD. MIAMI LAKES, FL 33014	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COX, PAULA 7975 NW 154TH STREET, #340 MIAMI LAKES, FL 33016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FALERO, MARA L 8600 COW PEN RD MIAMI LAKES, FL 33014	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REY, JUSTO 7333 MIAMI LKS DR #222 MIAMI LAKES, FL 33014	
TITLE 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)(b), 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		4/29/07 Date Daytime Phone #