

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90293 001 \*\*\*\*61.25

<b>DOCUMENT # 722782</b> 1. Entity Name <b>MIAMI LAKES CHAMBER OF COMMERCE, INC.</b>					
Principal Place of Business <b>7333 MIAMI LAKES DR SUITE 222 MIAMI LAKES, FL 33014 US</b>			Mailing Address <b>7333 MIAMI LAKES DR SUITE 222 MIAMI LAKES, FL 33014 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-1735450</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>NAYLOR, MARLENE 15535 MIAMI LAKEWAY N #205 MIAMI LAKES, FL 33014</b>				7. Name and Address of New Registered Agent Name Street <b>Clare Thomson</b> <b>14030 Cypress Court</b> City <b>Miam Lakes, Fl. 33014</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or with, and accept the obligations of registered agent.					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KALLO, OLEATHIA 15535 MIAMI LAKEWAY N # 205 MIAMI LAKES, FL 33014	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORRIS, DAVID 15527 BULL RUN RD. MIAMI LAKES, FL 33014	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COX, PAULA 7975 NW 154TH STREET, #340 MIAMI LAKES, FL 33016	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FALERO, MARA L 6600 COW PEN RD MIAMI LAKES, FL 33014	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REY, JUSTO 7333 MIAMI LKS DR #222 MIAMI LAKES, FL 33014	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Cox Paul 5979 NW 151 Street #110 Miami Lakes, Fl. 33014				
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.					
<b>SIGNATURE:</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					