2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722782

FILED Apr 25, 2006 Secretary of State

Entity Name: MIAMI LAKES CHAMBER OF COMMERCE, INC.

Current Principal Place of Business: New Principal Place of Business: 7333 MIAMI LAKES DR SUITE 222 MIAMI LAKES, FL 33014 US **New Mailing Address: Current Mailing Address:** 7333 MIAMI LAKES DR SUITE 222 MIAMI LAKES, FL 33014 US FEI Number: 59-1735450 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THOMSON, CLARE COX, PAUL 14030 CYPRESS CT 5979 NW 151 ST. #110 MIAMI LAKES, FL 33014 US MIAMI LAKES, FL 33014 US 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: PAUL A. COX 04/25/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VPD () Delete (X) Change () Addition KALLO, OLEATHIA Name: KALLO, OLEATHIA Name: 15535 MIAMI LAKEWAY N # 205 Address: 15535 MIAMI LAKEWAY N # 205 Address: City-St-Zip: MIAMI LAKES, FL 33014 City-St-Zip: MIAMI LAKES, FL 33014 Title: TD Title: () Delete () Change () Addition COX, PAUL Name: Name: Address: 5979 NW 151 ST. #110 Address: City-St-Zip: MIAMI LAKES, FL 33014 City-St-Zip: Title: PD () Delete Title: SD (X) Change () Addition FALERO, MARA L FALERO, MARA L Name: Name: 6600 COW PEN RD Address: Address: 6600 COW PEN RD City-St-Zip: MIAMI LAKES, FL 33014 City-St-Zip: MIAMI LAKES, FL 33014 Title: () Delete Title: () Change () Addition REY, JUSTO Name: Name: Address: 7333 MIAMI LKS DR #222 Address: City-St-Zip: MIAMI LAKES, FL 33014 City-St-Zip: Title: () Delete Title: VD () Change (X) Addition HOWELL, J. L Name: Name: 469 WEST 83 STREET Address: Address: City-St-Zip: City-St-Zip: HIALEAH, FL 33014 Title: () Delete Title: () Change (X) Addition FALERO, MARA Name: Name: Address: Address: 6600 COW PEN ROAD MIAMI LAKES, FL 33014 City-St-Zip: City-St-Zip:

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: PAUL A. COX T 04/25/2006