2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State
09-08-2004 90120 043 ****61.25

DOCUMENT # 723679

1. Entity Name
MIAMI-DADE COUNTY LEAGUE OF CITIES, INC.

Principal Place of Business	Mailing Address
7480 FAIRWAY DRIVE #206 MIAMI LAKES, FL 33014	7480 FAIRWAY DRIVE #206 MIAMI LAKES, FL 33014

08142004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0240302 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PAVLOV, MARINA
7480 FAIRWAY DRIVE
#206
MIAMI LAKES, FL 33014

7. Name and Address of New Registered Agent

Name: Howard Lenard, Esq.
Street Address (P.O. Box Number is Not Acceptable): 17011 NE 19th Ave
City: North Miami Beach FL Zip Code: 33162

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: Howard Lenard Howard Lenard DATE: 8/31/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004.

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SALVER, ISAAC 1111-96 STREET #211 BAY HARBOR ISLAND, FL 33154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD. Salver, Isaac 1111-96 St. #211 Bay Harbor, FL. 33154	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CHERNOTT, JAY R 17011 N.E. 19 AVE. NORTH MIAMI BEACH, FL 33162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Chernoff, Jay R. 17011 NE 19th Ave. NMB., FL. 33162.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BOWE, LESLIE 11551 S. DIXIE HWY PINECREST, FL 33156	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Black, Daisy 500 NE 87th St. El Portal, FL. 33138	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BLACK, DAISY 500 NE 87 STREET MIAMI, FL 33138	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary. Bowe, Leslie 11551 S. Dixie Highway. Pinecrest, FL. 33156.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D ROBAINA, JULIO 501 PALM AVENUE HIALEAH, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Gonzalez, Eduardo 501 Palm Ave Hialeah, FL. 33015	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RUSSELL, MARY SCOTT 6130 SUNSET DR SOUTH MIAMI, FL 39143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Immediate Past President Russell, Mary Scott 6130 Sunset Dr. So. Miami, FL. 33143.	☒ Change ☐ Addition

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: Russ Marchner Russ Marchner 8/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #