

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723679

FILED
Apr 18, 2006
Secretary of State

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

Current Principal Place of Business:

226 EAST FLAGLER STREET
#200
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

226 EAST FLAGLER STREET
#200
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-0240302 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LENARD, HOWARD ESQ
17011 NE 19TH AVE
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: SALVER, ISAAC
Address: 1111-96 STREET #211
City-St-Zip: BAY HARBOR ISLAND, FL 33154

Title: PD () Delete
Name: CHERNOFF, JAY R
Address: 17011 N.E. 19 AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VD () Delete
Name: STEINBERG, RICHARD
Address: 1700 CONVENTION CENTER DRIVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: S () Delete
Name: GIBSON, SHIRLEY
Address: 1515 NW 167 STREET BLDG 5
City-St-Zip: MIAMI GARDENS, FL 33169

Title: T () Delete
Name: GONZALEZ, EDUARDO
Address: 501 PALM AVENUE
City-St-Zip: HIALEAH, FL 33015

Title: T () Delete
Name: MARONO, MANUEL
Address: 500 SW 109 AVE
City-St-Zip: SWEETWATER, FL 33174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SALVER, ISAAC
Address: 1111-96 STREET #211
City-St-Zip: BAY HARBOR ISLAND, FL 33154

Title: IPPD (X) Change () Addition
Name: CHERNOFF, JAY R
Address: 17011 N.E. 19 AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: GONZALEZ, EDUARDO
Address: 501 PALM AVENUE
City-St-Zip: HIALEAH, FL 33015

Title: () Change () Addition
Name:
Address:
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: ISAAC SALVER

PD

04/18/2006

Electronic Signature of Signing Officer or Director

Date