2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State
02-23-2005 90056 027 ****61.25

DOCUMENT # 725108

1. Entity Name
GREATER HOMESTEAD - FLORIDA CITY CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
43 N. KROME AVE. 2ND FLOOR HOMESTEAD, FL 33030 US	43 N. KROME AVE 2ND FLOOR HOMESTEAD, FL 33030 US

01072005 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 59-0652495 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FINLAN, MARY A 43 N KROME AVENUE HOMESTEAD, FL 33030	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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	~~VD~~ NEWMAN, SUSAN 690 HOMESTEAD BLVD HOMESTEAD, FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD Newman, Susan 690 Homestead Blvd. Homestead, FL 33030	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ FARNES, ROBERT ~~250 E PALM DR~~ ~~FLORIDA CITY, FL 33034~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Farnes, Robert 475 SE 20 Lane Homestead, FL 33033	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~C~~ LIPE, DANIEL 28801 SW 157 AVENUE HOMESTEAD, FL 33033	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Lipe, Daniel 28801 SW 157 Ave Homestead, FL 33033	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PEYTON, DAVID 1550 N KROME AVE HOMESTEAD, FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PIERCE, JAMES 48 NE 15TH ST. HOMESTEAD, FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~CD~~ FIALLOS, IGNACIO ~~78 NE 3 STREET~~ ~~FLORIDA CITY, FL 33034~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Fiallos, Ignacio P.O. Box 343478 Florida City, FL 33034	☑ 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: Susan E Newman 2/17/05 305-247-2332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #