
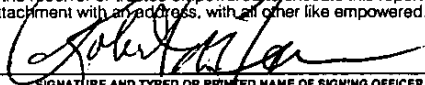


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90102 023 ****61.25

DOCUMENT # 725108			
1. Entity Name GREATER HOMESTEAD - FLORIDA CITY CHAMBER OF COMMERCE, INC.			
Principal Place of Business 43 N. KROME AVE. 2ND FLOOR HOMESTEAD, FL 33030 US		Mailing Address 43 N. KROME AVE 2ND FLOOR HOMESTEAD, FL 33030 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	CD NEWMAN, SUSAN 690 HOMESTEAD BLVD HOMESTEAD, FL 33030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Newman Susan 690 Homestead Blvd Homestead, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FARNES, ROBERT 475 SE 20 LANE HOMESTEAD, FL 33033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition C/D Farnes, Robert 475 SE 20 Lane Homestead, FL 33033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LD LIRE, DANIEL 28801 SW 157 AVENUE HOMESTEAD, FL 33033 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Ferrer Ramon 9250 W. Flagler St Miami, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEYTON, DAVID 1550 N KROME AVE HOMESTEAD, FL 33030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S/D/T Peyton, David 1550 N Krome Ave Homestead, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PIERCE, JAMES 48 NE 15TH ST. HOMESTEAD, FL 33030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V/D Pierce, James 48 NE 15 St Homestead, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LD FIALLOS, IGNACIO P.O. BOX 343478 FLORIDA CITY, FL 33034 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Romero, Julie 9220 SW 72 St #206 Miami, FL 33173
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Date: 2/16/06 Daytime Phone #: 954-258-6465	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

ATTACHMENT

40023254
#725188

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: AUG 12 2005

SODACO INC
43 N KROME AVE
HOMESTEAD, FL 33030-6014

Employer Identification Number:
31-1722000
DLN:
205215017
Contact Person:
BENJAMIN L DAVIS ID# 31465
Contact Telephone Number:
(877) 829-5500
Internal Revenue Code
Section 501(c)(3)

Dear Applicant:

We appreciate your cooperation in submitting the information regarding the dissolution of your organization.

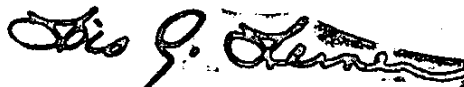
As a result of the dissolution, your exempt status under section 501(a) of the Internal Revenue Code, as an organization described in the section shown above, is terminated and no longer effective after January 1, 2005.

Contributions to you are not deductible after January 1, 2005.

In accordance with section 6104(c) of the Code, the appropriate State officials will be notified of this action.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

