

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736722

FILED
May 15, 2007
Secretary of State

Entity Name: GREATER MIAMI FOREIGN TRADE ZONE INCORPORATED

Current Principal Place of Business:

1601 BISCAYNE BLVD.
OMNI INTERNATIONAL COMPLEX
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

1601 BISCAYNE BLVD.
OMNI INTERNATIONAL COMPLEX
MIAMI, FL 33132

New Mailing Address:

FEI Number: 59-1707093 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, BARRY
1601 BISCAYNE BLVD.
MIAMI, FL 33132 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: C (X) Delete
Name: LEIVA, MARIA C
Address: 1601 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33132

Title: P (X) Delete
Name: BARTLEY, J. STEVEN
Address: 1601 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33132

Title: VP () Delete
Name: WYLLIE, CAROL
Address: 1601 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33132

Title: S () Delete
Name: SCIARRA, VANESSA
Address: 1601 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33132

Title: T () Delete
Name: MENDIZABEL, MARIA
Address: 1601 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: VANESSA SCIARRA

S

05/15/2007

Electronic Signature of Signing Officer or Director

Date