2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# 736722

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 ( )**

Name and Address of Current Registered Agent:

VENTURA, LIANE EXE DIR
1601BISCAYNE BLVD.
MIAMI, FL 33131 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:	ED	( ) Delete
Name:	VENTURA, LIANE	
Address:	1601 BISCAYNE BLVD.	
City-St-Zip:	MIAMI, FL 33131	
Title:	SD	( ) Delete
Name:	SCIARRA, VANESSA	
Address:	1601 BISCAYNE BLVD	
City-St-Zip:	MIAMI, FL 33131	
Title:	TD	( ) Delete
Name:	MENDIZABEL, MARIA	
Address:	1601 BISCAYNE BLVD	
City-St-Zip:	MIAMI, FL 33131	
Title:	CD	( ) Delete
Name:	LEIVA, GERMAN	
Address:	1601 BISCAYNE BLVD	
City-St-Zip:	MIAMI, FL 33131	
Title:	VD	( ) Delete
Name:	LEIVA, MARIA CAMILLA	
Address:	1601 BISCAYNE BLVD	
City-St-Zip:	MIAMI, FL 33131	
Title:	VD	( ) Delete
Name:	BARTLEY, STEVEN	
Address:	1601 BISCAYNE BLVD	
City-St-Zip:	MIAMI, FL 33131	

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:	
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: LORRIE FOLTYN VP 04/20/2009

Electronic Signature of Signing Officer or Director — Date