

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751011

FILED
Apr 29, 2008
Secretary of State

Entity Name: CORAL GABLES CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

224 CATALONIA AVE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

224 CATALONIA AVE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 59-0205525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROWBRIDGE, MARK A
224 CATALONIA AVE
CORAL GABLES, FL 33134 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: PD () Delete
Name: TROWBRIDGE, MARK A
Address: 224 CATALONIA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: GONZALEZ, PEDRO
Address: 224 CATALONIA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: RENDEIRO, CAROLINA
Address: 224 CATALONIA AVE.
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: BARRERA, SERGIO
Address: 224 CATALONIA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

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: D (X) Change () Addition
Name: BERENFELD, MARC
Address: 224 CATALONIA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

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: MARK A TROWBRIDGE

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date