2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752549

FILED Jan 05, 2006 Secretary of State

Entity Name: JUNIOR ACHIEVEMENT OF GREATER MIAMI, INC.

Current Principal Place of Business:				New Prince	New Principal Place of Business:		
	AYNE BLVD.						
202 MIAMI SHO	ORES, FL 331:	38 US					
Current Mailing Address:				New Maili	New Mailing Address:		
9190 BISC	AYNE BLVD.						
202 MIAMI SHO	ORES, FL 331:	38 US					
	: 59-0807486	FEI Number App	olied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desi	red ()
Name and	Address of C	urrent Registe	red Agent:	Name and	Address of	New Registered Agent	•
HAGA, CA 9190 BISC 202 MIAMI SHO	THERINE L AYNE BLVD. ORES, FL 331:	38 US	·				
	named entity s e of Florida.	submits this state	ement for the p	urpose of changing i	ts registered	office or registered agen	t, or both,
SIGNATUR	RE:						
	Electron	ic Signature of F	Registered Age	nt		Date	
OFFICERS	S AND DIREC	TORS:		ADDITION	IS/CHANGES	TO OFFICERS AND D	IRECTORS
Γitle:	D ()	Doloto) Ob () 0 -l-liti	
Name: Address:	KAPLAN, MAXIN 2800 PONCE D CORAL GABLES	E LEON BLVD		Title: Name: Address: City-St-Zip:	() Change()Addition	
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	KAPLAN, MAXIN 2800 PONCE D CORAL GABLES	NE E LEON BLVD S, FL 33134 Delete AEL - AVE.		Name: Address:	D (X	K) Change()Addition RAEL AKES DRIVE WEST	
Name: Address: City-St-Zip: Title: Name: Address:	KAPLAN, MAXIN 2800 PONCE D CORAL GABLES D () VELASCO, ISRA 1200 BRICKELL MIAMI, FL 3313	NE E LEON BLVD S, FL 33134 Delete AEL _ AVE. 31 Delete _ AVE, # 100		Name: Address: City-St-Zip: Title: Name: Address:	D (XVELASCO, ISI 7900 MIAMI L MIAMI LAKES	K) Change()Addition RAEL AKES DRIVE WEST	
Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	KAPLAN, MAXIN 2800 PONCE D CORAL GABLES D () VELASCO, ISRA 1200 BRICKELL MIAMI, FL 3313 D () CRUZ, JOSE 1441 BRICKELL MIAMI, FL 3313	NE E LEON BLVD S, FL 33134 Delete AEL AVE. 31 Delete AVE, # 100 31 Delete		Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	D (XVELASCO, ISI 7900 MIAMI L MIAMI LAKES	K) Change()Addition RAEL AKES DRIVE WEST , FL 33016	
Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: Address:	KAPLAN, MAXIN 2800 PONCE D CORAL GABLES D () VELASCO, ISRA 1200 BRICKELL MIAMI, FL 3313 D () CRUZ, JOSE 1441 BRICKELL MIAMI, FL 3313 D () BRU, RALPH 7231 SW 63 AV MIAMI, FL 3314	NE E LEON BLVD S, FL 33134 Delete AEL AVE. 31 Delete AVE, # 100 31 Delete E 43 Delete OSEPH AVE		Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	D (XVELASCO, ISI 7900 MIAMI LA MIAMI LAKES	X) Change ()Addition RAEL AKES DRIVE WEST , FL 33016)Change()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: CATHERINE L. HAGA PRES 01/05/2006