2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State
03-19-2007 90092 037 ****61.25

DOCUMENT # 755002

1. Entity Name
MIAMI CHAPTER OF THE AMERICAN INSTITUTE OF ARCHITECTS, INC.

Principal Place of Business	Mailing Address
275 UNIVERISYT DR CORAL GABLES, FL 33141	275 UNIVERISYT DR CORAL GABLES, FL 33141

01152007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-6151172 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRAZLAVSKY, MIJEL 275 UNIVERISYT DR MIAMI BEACH, FL 33141	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	STD KUPERMAN, JORGE PD 620 W DILIDO DR MIAMI BEACH, FL 33139	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD. DIAZ-YABOR MARTIN. 12124 SW 131 AVE. MIAMI, FL 33186	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GURRI, DAPHNE 801 MONTERREY ST. #205A CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD. GURRI, DAPHNE 2701 PONCE DE LEON BLVD Suite 203 CORAL GABLES, FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SNOW, KRICKET 1600 N BISCAYNE BLVD 27 FL MIAMI, FL 33132	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD. SNOW KRICKET. 100 N. BISCAYNE BLVD 27th FLOOR MIAMI, FL 33132.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HOROVITZ, BERNARD 2601 BAYSHORE DR 107TH FL MIAMI, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD. HOROVITZ BERNARD. 2601 BAYSHORE DRIVE 107H FLOOR	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DIAZ YABOR, MARTIN 12124 SW 13TH AVE MIAMI, FL 33186	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST NATIVIDAD SOTO. 1500 PONCE DE LEON BLVD. 1st FLOOR CORAL GABLES, FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FORBES, JOHN 4565 PONCE DE LEON BLVD 100 MIAMI, FL 33146	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ MARTIN DIAZ-YABOR PRESIDENT 3/15/07 305-448-7488
FEI Number if applicable PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #