


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90210 022 \*\*\*\*61.25

<b>DOCUMENT # 755002</b> 1. Entity Name <b>MIAMI CHAPTER OF THE AMERICAN INSTITUTE OF ARCHITECTS, INC.</b>					
Principal Place of Business <b>275 UNIVERSITY DR CORAL GABLES, FL 33141</b>			Mailing Address <b>275 UNIVERSITY DR CORAL GABLES, FL 33141</b>		
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 <b>59-6151172</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BRAZLAVSKY, MIJEL 275 UNIVERSITY DR MIAMI BEACH, FL 33141</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State.</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DIAZ-YABOE, MARTIN <input checked="" type="checkbox"/> Delete 12124 SW #31 AVE. MIAMI, FL 33186		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HOROVITZ, BERNARD 2601 BAYSHORE DR 10TH FLOOR MIAMI, FL 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Delete GORRI, DAPHNE 2701 PONCE DE LEON BLVD., STE 203 CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VIRGILIO CAMPANERIA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VIRGILIO CAMPANERIA 1221 BRICKELL AVE SUITE 1220 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Delete SNOW, KRICKET 100 N. BISCAYNE NE BLVD., STE 203 MIAMI, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Delete HOROVITZ, BERNARD 2601 BAYSHORE DR 107TH FL MIAMI, FL 33126		TITLE NAME STREET ADDRESS CITY-ST-ZIP	HECTOR FERNANDEZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 366 ALTAMA AVE CORAL GABLES FL 33146	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input checked="" type="checkbox"/> Delete NAT, VIDAS 1500 PONCE DE LEON BLVD. 1ST FLOOR MIAMI, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARTIN DIAZ YABOE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARTIN DIAZ-YABOE 12124 SW 31 AVE MIAMI, FL 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete FORBES, JOHN 4565 PONCE DE LEON BLVD 100 MIAMI, FL 33146		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NATALIA AD SOTO 1500 PONCE DE LEON BLVD #200 CORAL GABLES FL 33134	
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.					
<b>SIGNATURE: BERNARD HOROVITZ</b>			2/24/08 305-448-7485		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					