

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 15, 2011**  
**Secretary of State**

DOCUMENT# 755002

**Entity Name:** MIAMI CHAPTER OF THE AMERICAN INSTITUTE OF ARCHITECTS, INC.**Current Principal Place of Business:**275 UNIVERSITY DR  
CORAL GABLES, FL 33134**New Principal Place of Business:****Current Mailing Address:**275 UNIVERSITY DR  
CORAL GABLES, FL 33134**New Mailing Address:****FEI Number:** 59-6151172**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BILBAO, MICHELLE M  
275 UNIVERSITY DR  
CORAL GABLES, FL 33134 US**Name and Address of New Registered Agent:**JACOBS, CHERYL H  
275 UNIVERSITY DR  
CORAL GABLES, FL 33134 US

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: CHERYL H. JACOBS

06/15/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CAMPANERIA, VIRGILIO  
Address: 1221 BRICKELL AVE SUITE 1220  
City-St-Zip: MIAMI, FL 33131

Title: VPD  
Name: CORDOVA, JAVIER E  
Address: 2601 S. BAYSHORE DRIVE 10TH FLOOR  
City-St-Zip: MIAMI, FL 33133

Title: VPD  
Name: ALEJANDRO, SILVA  
Address: 135 SAN LORENZO AVENUE- SUITE 880  
City-St-Zip: CORAL GABLES, FL 33146

Title: STD  
Name: MIGUEL, RODRIGUEZ  
Address: 2121 PONCE DE LEON BOULEVARD - SUITE1010  
City-St-Zip: CORAL GABLES, FL 33132

Title: D  
Name: SOTO, NATIVIDAD  
Address: 1500 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: CHERYL H. JACOBS

ED

06/15/2011

Electronic Signature of Signing Officer or Director

Date