2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #757186

1. Entity Name

THE URBAN LEAGUE HOUSING CORPORATION OF GREATER MIAMI, INC.



Principal Place of Business

Mailing Address

8500 N.W. 25TH AVENUE MIAMI, FL 33147

8500 N.W. 25TH AVENUE MIAMI, FL 33147

FILED Apr 26, 2007 08:00 AM Secretary of State



04152007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-2097700

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FAIR, T. WILLARD 8500 N.W. 25TH AVENUE MIAMI FL. FL 33147

SIGNATURE

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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 Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAIR, T. WILLARD 8500 N.W. 25TH AVENUE MIAMI, FL				UN0000735752 05/10/07-80046-010 70.00
TITLE NAME STREET ADDRESS CITY+ST-ZIP	DC GROSS, OLIVER L 8500 NW 25TH AVE MIAMI, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RIVERS, SANDRELL L 1740 NW 187 TER MIAMI GARDENS, FL 33128			DO	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. Thereby 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 employees of 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 a failuryssy with six other like empowered.					