2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#758812

Jul 17, 2007 Secretary of State

Entity Name: COCONUT GROVE CHAMBER OF COMMERCE, INC.

Current Principal Place of Business: New Principal Place of Business: 2820 MCFARLANE RD. MIAMI, FL 33133 **Current Mailing Address: New Mailing Address:** 2820 MCFARLANE RD. MIAMI, FL 33133 FEI Number: 59-0877858 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GORDON, SETH JOHNSON, CHARITY 2820 MCFARLANE RD 2820 MCFÁRLANE RD MIAMI, FL 33133 MIAMI, FL 33133 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: CHARITY JOHNSON 07/17/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition JOHNSON, CHARITY Name: Name: Address: 2820 MCFARLANE RD. Address: City-St-Zip: COCONUT GROVE, FL 33133 City-St-Zip: Title: () Delete Title: (X) Change () Addition EVINS, FRONTIS Name: Name: DONES, LILIANA Address: 2820 MCFARLANE ROAD Address: 2820 MCFARLANE ROAD City-St-Zip: COCONUT GROVE, FL 33133 City-St-Zip: COCONUT GROVE, FL 33133 Title: VΡ () Delete Title: (X) Change () Addition DONES, LILIANA CIUCA, GARY Name: Name: 2820 MCFARLANE RD 2820 MCFARLANE RD Address: Address: City-St-Zip: COCONUT GROVE, FL 33133 City-St-Zip: COCONUT GROVE, FL 33133 Title: () Delete Title: (X) Change () Addition Name: LOCICERO, DOREEN Name: HAWKS, CAROL 2820 MCFARLANE ROAD 2820 MCFARLANE ROAD Address: Address: City-St-Zip: COCONUT GROVE, FL 33133 City-St-Zip: COCONUT GROVE, FL 33133 Title: () Delete Title: (X) Change () Addition CUICA, GARY NOBOA, ANTHONY Name: Name: 2820 MCFARLANE RD 2820 MCFARLANE RD Address: Address: COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CHARITY JOHNSON EX D 07/17/2007