

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759840

FILED
Sep 04, 2007
Secretary of State

Entity Name: GREATER MIAMI HOST COMMITTEE, INC.

Current Principal Place of Business:

701 BRICKELL AVE
SUITE 2700
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

701 BRICKELL AVE
SUITE 2700
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 59-2157172 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

DOZIER, CORNELIA
701 BRICKELL AVENUE
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CE () Delete
Name: TRAINER, MONTY,
Address: 2560 S BAYSHORE DR.
City-St-Zip: COCONUT GROVE, FL

Title: ED () Delete
Name: DOZIER, CORNELIA
Address: 701 BRICKELL AVE SUITE 2700
City-St-Zip: MIAMI, FL 33131

Title: SD () Delete
Name: KENNEDY, ROSARIO
Address: 2645 S. BAYSHORE DR #2002
City-St-Zip: MIAMI, FL 33133

Title: VD (X) Delete
Name: KENT, RON,
Address: 701 BRICKELL AVE #2700
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: CORNELIA DOZIER

ED

09/04/2007

Electronic Signature of Signing Officer or Director

_____ Date