2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 761063

1. Entity Name
WYNWOOD COMMUNITY ECONOMIC DEVELOPMENT CORPORATION, INC.

Principal Place of Business	Mailing Address
2235 N.W. 5 AVE #100 MIAMI, FL 33127 US	8001 SW 97 TERR. MIAMI, FL 33156

02082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2152061

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LITTLE, JOHN
3000 BISCAYNE BLVD.
#500
MIAMI, FL 33137

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8. The above named entity submits this statement for the purpose of changing its registered office in the State of Florida, or its registered agent, or both, in accordance with the applicable provisions of Florida Statutes. I am familiar with, and hereby accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. Registered Agent signature required in item 8.

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000032189
02/21/07-80012-007 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RIOS, WILLIAM
STREET ADDRESS	2235 NW 5 AVE.
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	D
NAME	VELAZQUEZ, NILSA
STREET ADDRESS	3630 NE 1 CT.
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	D
NAME	RIVERA, GAMALIEL
STREET ADDRESS	3601 FEDERAL HWY.
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall constitute an affirmation under the penalties prescribed in s. 817.155, F.S., that I have not been prohibited from doing so by any officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report complies with the applicable provisions of Florida Statutes. For profit corporations may also include on this report or supplemental report the name and address of the person authorized to sign checks and any other like empowered.

SIGNATURE: _____ 2.07.07 305.274.0992.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #