


2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

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

<b>DOCUMENT # 762156</b> 1. Entity Name MIAMI CHAPTER, F.S.S.A.R., INC.	
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Principal Place of Business 7655 SW 83RD CT MIAMI, FL 33143-3827 US	Mailing Address 7655 SW 83RD CT MIAMI, FL 33143-3827 US
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01302007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2190373	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMSON, JOHN M  
370 MINORLO AVE  
CORAL GABLES, FL 33134

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25  
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLER, DAVID D JR. 351 DEER RUN MIAMI SPRINGS, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRIBERG, RICHARD E 7655 SW 83 COURT MIAMI, FL 331433827
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, DAVID B 6700 SANTONA STREET CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMSON, JOHN M 370 MINORCA AVE #1 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PELTON, DONALD W JR. 11725 SW 82ND ROAD MIAMI, FL 331565104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRIDGES, DOUGLAS H 27320 SW 164 COURT HOMESTEAD, FL 330312857

U00000632646  
02/21/07-80031-001 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby 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 empowered to 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 an address, with all other like empowered.

**SIGNATURE:** *Richard E. Friberg* *Richard E. Friberg* Feb 9, 2007 (305) 271-9336  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #