

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 19, 2007
Secretary of State**

DOCUMENT# N00000001300

Entity Name: MIAMI-DADE GAY & LESBIAN CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

3510 BISCAYNE BLVD
#202
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

3510 BISCAYNE BOULEVARD
#202
MIAMI, FL 33137

New Mailing Address:

FEI Number: 65-0997245 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOZLOWSKI, STEVEN
927 LINCOLN ROAD
118
MIAMI BEACH, FL 33139 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: P () Delete
Name: ADKINS, STEVEN
Address: 1521 ALTON RD. #409
City-St-Zip: MIAMI BEACH, FL 33139

Title: S () Delete
Name: VITA, MICHAEL
Address: 3927 MERIDIAN AVENEUE, #6
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: NEARY, GEORGE
Address: 701 BRICKELL AVE. SUITE 2700
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: ALLER, MICHAEL
Address: 1700 CONVENTION CEMNTER DRIVE 4TH FLOOR
City-St-Zip: MIAMI BEACH, FL 33139 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST (X) Change () Addition
Name: VITA, MICHAEL
Address: 218 NE 51 STREET, #1
City-St-Zip: MIAMI, FL 33137

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 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: MICHAEL VITA

ST

04/19/2007

Electronic Signature of Signing Officer or Director

Date