

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

05-16-2007 90020 032 ---60.95
N00000005901

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E037 (10/06)

DOCUMENT # N00000005901 1. Entity Name MIAMI WORKERS' CENTER, INC.					
Principal Place of Business 6127 NW 7 AVE. MIAMI FL 33127			Mailing Address 6127 NW 7 AVE. MIAMI FL 33127		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 65-0942224 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent ROMANO, ANTHONY 15 NE 42ND ST MIAMI FL 33137			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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 Signature, typed or printed name of registered agent and two witnesses. (NOTE: Registered Agents signature required when registering)			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD PERERA, GIHAN 6127 NW 7TH AVE MIAMI FL 33127	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V.P. GREENFIELD, VALERIE 3000 BISCAYNE BLVD, STE 450 MIAMI FL 33137	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD ROMANO, ANTHONY 6127 NW 7TH AVE MIAMI FL 33127	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S Bill Fletcher 2106 Crepe Court Mitherville, MD	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T Issac Carter 16401 NW 37 Ave Miami Gardens FL	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☒ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					