

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008878

FILED
Mar 28, 2008
Secretary of State

Entity Name: MIAMI MINORITY HEALTH CENTER, INC.

Current Principal Place of Business:

868 SW 1ST STREET
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

868 SW 1ST STREET
MIAMI, FL 33130

New Mailing Address:

FEI Number: 02-0629468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESCALONA, MARTA
111 SW 67TH AVE
MIAMI, FL 33144 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: PD () Delete
Name: ESCALONA, MARTA
Address: 111 SW 67TH AVE
City-St-Zip: MIAMI, FL 33194

Title: VPD (X) Delete
Name: ALEJANDRO, FUERLE
Address: 111 SW 67TH AVE
City-St-Zip: MIAMI, FL 331894

Title: T (X) Delete
Name: VARGAS, DEPTINA
Address: 340 SW 5TH AVE
City-St-Zip: MIAMI, FL 33130

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:

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: MARTA ESCALONA

PD

03/28/2008

Electronic Signature of Signing Officer or Director

Date