

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002553

FILED
Apr 14, 2008
Secretary of State

Entity Name: MIAMI ASSET MANAGEMENT COMPANY, INCORPORATED

Current Principal Place of Business:

OFFICE OF THE SECRETARY, GABLES ONE TOWER
1320 S. DIXIE HIGHWAY, PH-1230
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

OFFICE OF THE SECRETARY, GABLES ONE TOWER
1320 S. DIXIE HIGHWAY, PH-1230
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 11-3642657 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FISH, ALAN J
1507 LEVANTE AVENUE
327 MAX OROVITZ BLDG
CORAL GABLES, FL 33146 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: ST () Delete
Name: BARED, JOSE P
Address: 5800 NORTHWEST 74TH AVE SUITE 100
City-St-Zip: MIAMI, FL 33166

Title: VC () Delete
Name: COBB, CHARLES E JR
Address: 255 ARAGON AVENUE SUITE 333
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: EASTON, EDWARD
Address: 10165 NORTHWEST 19TH ST.
City-St-Zip: MIAMI, FL 33172

Title: EOD () Delete
Name: NATOLI, JOSEPH
Address: 230 ASHE BLDG., P.O BOX 248106
City-St-Zip: CORAL GABLES, FL 331244626

Title: D () Delete
Name: FAIN, RICHARD D
Address: 1050 CARIBBEAN WAY
City-St-Zip: MIAMI, FL 331322074

Title: D () Delete
Name: PEREZ, JORGE
Address: 2828 CORAL WAY PENTHOUSE #1
City-St-Zip: MIAMI, FL 33145

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:

Title: () Change () Addition
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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: SHERWOOD M. WEISER

CHR

04/14/2008

Electronic Signature of Signing Officer or Director

Date