

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002553

FILED  
Feb 27, 2009  
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:

ORANGE, ANDREA J  
1507 LEVANTE AVENUE  
333 MAX OROVITZ BLDG  
CORAL GABLES, FL 33146 US

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: ANDREA ORANGE

02/27/2009

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  
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: SHERWOOD M. WEISER

CHR

02/27/2009

Electronic Signature of Signing Officer or Director

Date