2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002576

Title:

Name:

Address:

City-St-Zip:

Apr 12, 2007 Secretary of State

Entity Name: THE MIAMI TEAM, INC. **Current Principal Place of Business: New Principal Place of Business:** 12422 SW 251 TERRACE HOMESTEAD, FL 33032 **Current Mailing Address: New Mailing Address:** 12422 SW 251 TERRACE HOMESTEAD, FL 33032 FEI Number: 01-0656635 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BULKLEY, JAMES W 12422 SW 251 TERRACE HOMESTEAD, FL 330325929 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HOLBROOK, JOSEPH Name: Name: 25505 SW 126 COURT Address: Address: City-St-Zip: PRINCETON, FL 330235804 US City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: BULKLEY, JAMES Name: Address: 12422 SW 251 TERRACE Address: City-St-Zip: HOMESTEAD, FL 330325929 US City-St-Zip: Title: () Delete Title: () Change () Addition VENTO, JUDY Name: Name: 25064 SW 123 PLACE Address: Address: City-St-Zip: HOMESTEAD, FL 33032 US City-St-Zip: Title: () Delete Title: () Change () Addition M Name: KNIGHT, KENNETH Name: 21 FARMINGTON STREET Address: Address: City-St-Zip: MANCHESTER, CT 060403624 US 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES W BULKLEY Τ 04/12/2007

() Delete

MEADOWS, JOHN

3516 WESTMONT CIRCLE

LEXINGTON, KY 405131224

() Change () Addition