

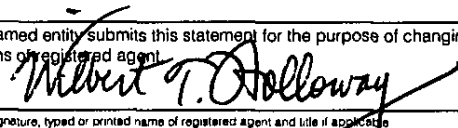
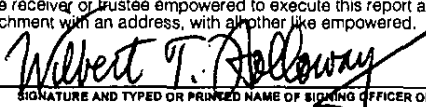


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 25, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000005001</b>			
1. Entity Name <b>MIAMI DADE CHAMBER FOUNDATION, INC.</b>			
Principal Place of Business <b>11380 NW 27TH AVENUE SUITE 1328 MIAMI, FL 33167</b>		Mailing Address <b>11380 NW 27TH AVENUE SUITE 1328 MIAMI, FL 33167</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		03312006 No Chg-NP CR2E037 (11/05)	
		4. FEI Number <b>56-2282473</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent			
<b>HOLLOWAY, WILBERT T 17831 NW 28TH COURT MIAMI, FL 33056</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 		5-31-06 DATE	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		07/25/06-80026-012 70.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HOLLOWAY, WILBERT T 17831 NW 28TH COURT MIAMI, FL 33056		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PARKER, MERVIS 900 SW 100TH TERRACE PEMBROKE PINES, FL 33025		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WILLIAMS, JOHNNIE 2171 NW 65TH STREET MIAMI, FL 33147		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PCEO DIGGS, WILLIAM 11380 NW 27TH AVENUE, SUITE 1328 MIAMI, FL 33167		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		5-31-06 (305) 751-8648 Date Daytime Phone #	