


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90052 004 ****61.25

DOCUMENT # N03000000099 1. Entity Name CORAL GABLES CHAMBER OF COMMERCE FOUNDATION, INC.					
Principal Place of Business 224 CATALONIA AVE. CORAL GABLES, FL 33134			Mailing Address 224 CATALONIA AVE. CORAL GABLES, FL 33134		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		02012006 Chg-NP CR2E037 (11/05)	
City & State Zip Country		City & State Zip Country		4. FEI Number 84-1629609	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GONZALEZ, ANA 260 GRECO AVENUE SUITE 400 CORAL GABLES, FL 33140			7. Name and Address of New Registered Agent Name LETTIE J. BIEN Street Address (P.O. Box Number is Not Acceptable) 224 CATALONIA AVE. City CORAL GABLES FL Zip Code 33134		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BURKE, JOE <input checked="" type="checkbox"/> Delete P.O. BOX 7000 MIAMI INTL AIRPORT MIAMI, FL 332997000		TITLE NAME STREET ADDRESS CITY-ST-ZIP	RON ROBISON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6060 SW 70 TERRACE MIAMI, FL 33143	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EX-D BIEN, LETTIE J <input type="checkbox"/> Delete 4860 PINE DRIVE MIAMI, FL 33143		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINDEN, NEIL P <input type="checkbox"/> Delete 3240 MATILDA STREET MIAMI, FL 33143		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Ana M. Gonzalez</i> ANA M. GONZALEZ 3/10/06 305-446-1657 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					