

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000590

FILED
Apr 24, 2007
Secretary of State

Entity Name: MUSEUM OF THE AFRICAN DIASPORA OF THE AMERICAS FOUNDATION, INC.

Current Principal Place of Business:

701 BRICKELL AVENUE SUITE 3000
MIAMI, FL 33131

New Principal Place of Business:

1915 BRICKELL AVENUE
SUITE C-801
MIAMI, FL 33129

Current Mailing Address:

701 BRICKELL AVENUE SUITE 3000
MIAMI, FL 33131

New Mailing Address:

1915 BRICKELL AVENUE
SUITE C-801
MIAMI, FL 33129

FEI Number: 56-2377691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE SUITE 3000
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

HOLLOWAY, MARVIN
1915 BRICKELL AVENUE
SUITE C -801
MIAMI, FL 33129 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: S/MARVIN HOLLOWAY

04/24/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEE, TIFFANI
Address: 701 BRICKELL AVENUE SUITE 3000
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: HOLLOWAY, MARVIN
Address: 1915 BRICKELL AVE #C-801
City-St-Zip: MIAMI, FL 33129

Title: D (X) Delete
Name: HOLIFIELD, MARILYN J
Address: 701 BRICKELL AVENUE SUITE 3000
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HOLLOWAY, MARVIN
Address: 1915 BRICKELL AVENUE, C 801
City-St-Zip: MIAMI, FL 33129

Title: D (X) Change () Addition
Name: HOLIFIELD, MARILYN
Address: 1915 BRICKELL AVE #C-801
City-St-Zip: MIAMI, FL 33129

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: S/MARILYN HOLIFIELD

D

04/24/2007

Electronic Signature of Signing Officer or Director

Date