


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

FILED
Jul 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000002248 1. Entity Name MIAMINTELLIGENCE, INC.	
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Principal Place of Business 2000 SOUTH DIXIE HWY SUITE 110 MIAMI, FL 33133 US	Mailing Address 2000 SOUTH DIXIE HWY SUITE 110 MIAMI, FL 33133 US
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07032006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0683471	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LECHTER, ADRIAN
2000 S. DIXIE HIGHWAY
SUITE 110
MIAMI, FL 33133**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

ADRIAN LECHTER

(NOTE: Registered Agent signature required when reinstating)

7/3/06

DATE

**Filing Fee is \$61.25
Due by September 8, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LECHTER, ADRIAN 2000 S. DIXIE HIGHWAY, SUITE 110 MIAMI, FL 33133
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ TARTONNE, SANDRA 2000 S. DIXIE HIGHWAY, SUITE 110 MIAMI, FL 33133
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYDBURD, POLA 2000 S. DIXIE HIGHWAY, SUITE 110 MIAMI, FL 33133
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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07/07/06-80015-006 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADRIAN LECHTER

Date

7/3/06

Daytime Phone #

305-860 2499