

**2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Sep 29, 2005  
Secretary of State**

DOCUMENT# N03000009162

Entity Name: MINORITY CHAMBER OF COMMERCE, INC

**Current Principal Place of Business:**

8339 NW 12 ST  
MIAMI, FL 33126

**New Principal Place of Business:**

150 NW 86 PLACE  
MIAMI, FL 33126

**Current Mailing Address:**

287 NW 85TH PLACE  
MIAMI, FL 33126

**New Mailing Address:**

150 NW 86 PLACE  
MIAMI, FL 33126

FEI Number: 20-0333654      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MAYORGA, DOUGLAS I  
8339 NW 12 ST  
MIAMI, FL 33126    US

**Name and Address of New Registered Agent:**

MAYORGA, DOUGLAS I  
150 NW 86 PLACE  
MIAMI, FL 33126    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: DOUGLAS I MAYORGA      09/29/2005  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: MAYORGA, DOUGLAS I  
Address: 8339 NW 12 ST  
City-St-Zip: MIAMI, FL 33126

Title: VD      ( ) Delete  
Name: HURTADO, ALFONSO  
Address: 8339 NW 12 ST  
City-St-Zip: MIAMI, FL 33126

Title: SD      ( ) Delete  
Name: LOAISGA, MARIA A  
Address: 8339 NW 12 ST  
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: LOAISGA, MARIA A  
Address: 150 NW 86 PLACE  
City-St-Zip: MIAMI, FL 33126

Title: VP      (X) Change ( ) Addition  
Name: OCHOA, JOHN N  
Address: 150 NW 86 PLACE  
City-St-Zip: MIAMI, FL 33126

Title: SECR      (X) Change ( ) Addition  
Name: FLOREZ, GABRIEL G  
Address: 150 NW 86 PLACE  
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DOUGLAS I. MAYORGA      DIR      09/29/2005  
Electronic Signature of Signing Officer or Director      Date