

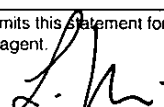
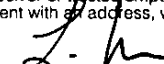


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90175 006 ****61.25

DOCUMENT # N03000009778					
1. Entity Name THE NATIONAL ITALIAN AMERICAN BAR ASSOCIATION - MIAMI CHAPTER, INC.					
Principal Place of Business % LOUIS A. VUCCI, ESQ. 2801 PONCE DE LEON BLVD. 9TH FLOOR MIAMI, FL 33134			Mailing Address % LOUIS A. VUCCI, ESQ. 2801 PONCE DE LEON BLVD. 9TH FLOOR MIAMI, FL 33134		
2. Principal Place of Business 19 West Flagler St Suite, Apt. #, etc. 618		3. Mailing Address 19 W. Flagler St Suite, Apt. #, etc. 618			
City & State Miami, FL 33130		City & State Miami, FL		03272006 Chg-NP CR2E037 (11/05)	
Zip USA		Zip 33130		Country USA	
4. FEI Number 33-1075081				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VUCCI, LOUIS A ESQ. 2801 PONCE DE LEON BLVD. 9TH FLOOR MIAMI, FL 33134			7. Name and Address of New Registered Agent Name: Louis Vucci Street Address (P.O. Box Number is Not Acceptable): 19 West Flagler St Suite, Apt. #, etc.: 518 City: Miami FL Zip Code: 33130		
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: 				DATE: 4/5/06	
(NOTE: Registered Agent signature required when reinstating)					
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	T VUCCI, LOUIS 2801 PONCE DE LEON BLVD FLOOR 9 CORAL GABLES, FL 33134	<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	S DENARO, DAWN 1350 NW 12 AVE MIAMI, FL 33136	<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	VP VEVENZIO, NINA 1350 NW 12 AVE MIAMI, FL 33136	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 				DATE: 4/5/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 305 - 416 - 6192	