

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001333

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: OPA LOCKA CHAMBER OF COMMERCE INC.

## Current Principal Place of Business:

1300 NW 167 ST  
STE 1  
MIAMI GARDENS, FL 33169 US

## New Principal Place of Business:

105 NE 183RD STREET  
MIAMI, FL 33179 US

## Current Mailing Address:

1300 NW 167 ST  
STE 1  
MIAMI GARDENS, FL 33169 US

## New Mailing Address:

105 NE 183RD STREET  
MIAMI, FL 33179 US

FEI Number: 20-0690699

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

NORTH DADE REGIONAL CHAMBER  
1300 NW 167 ST  
STE 1  
MIAMI GARDENS, FL 33169 US

## Name and Address of New Registered Agent:

LINDGREN, KEITH  
105 NE 183RD STREET  
MIAMI, FL 33179 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: JOEL RANSFORD - JMR

04/30/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: CHR ( ) Delete  
Name: BRYAN, HUGH M  
Address: 1300 NW 167 ST SUITE 1  
City-St-Zip: MIAMI GARDENS, FL 33169 US

Title: DIR ( ) Delete  
Name: DONATH, JAAP  
Address: 1300 N.W. 167TH STREET, SUITE 1  
City-St-Zip: MIAMI GARDENS, FL 33169 US

Title: TRS ( ) Delete  
Name: LINDGREN, KEITH  
Address: 1300 N.W. 167TH STREET, SUITE 1  
City-St-Zip: MIAMI GARDENS, FL 33169 US

Title: CFO ( ) Delete  
Name: RANSFORD, JOEL M  
Address: 1300 N.W. 167TH STREET, SUITE 1  
City-St-Zip: MIAMI GARDENS, FL 33169

Title: DIR ( ) Delete  
Name: WEBB, WILLIAM C  
Address: 1300 NW 167TH STREET, SUITE 1  
City-St-Zip: MIAMI GARDENS, FL 33169

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOEL RANSFORD

CFO

04/30/2009

Electronic Signature of Signing Officer or Director

Date