

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90030 024 ****61.25



DOCUMENT # N04000001939
 1. Entity Name
MIAMI PARROT HEAD CLUB INC.

Principal Place of Business Mailing Address
 PO BOX 227157 PO BOX 227157
~~MIAMI FL 33122~~ 33222 ~~MIAMI FL 33122~~ 33222
DORAL DORAL



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State City & State
DORAL DORAL

4. FEI Number 33-1052881 Applied For
 Not Applicable

Zip Country Zip Country
33222 33222

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BRALEY, JOHN L
9803 NW 43RD TERR
MIAMI FL 33178

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 **JOHN L BRALEY** *John L Braley* **4/3/07**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MARTINI, RUTH	
STREET ADDRESS	21301 SW 244 ST	
CITY-STATE-ZIP	HOMESTEAD FL 33031	
TITLE	P	<input type="checkbox"/> Delete
NAME	BRALEY, BRENDA	
STREET ADDRESS	PO BOX 227157	
CITY-STATE-ZIP	MIAMI FL 33122 DORAL FL 33222	
TITLE	S	<input type="checkbox"/> Delete
NAME	FISHER, PENELOPE	
STREET ADDRESS	980 NW NORTH RIVER DR	
CITY-STATE-ZIP	MIAMI FL 33136	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRALEY, JOHN	
STREET ADDRESS	PO BOX 227157	
CITY-STATE-ZIP	MIAMI FL 33122 DORAL FL 33222	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDSEY E. SMITH	
STREET ADDRESS	701 BRICKELL KEY BLVD # 2208	
CITY-STATE-ZIP	MIAMI FL 33131	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP	DORAL FL 33222	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP	DORAL FL 33222	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **JOHN L BRALEY** *John L Braley* **4/3/07** **305-500-9897**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #