

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

PO BOX 227157
MIAMI FL 33122 33222
DORAL

Mailing Address

PO BOX 227157
MIAMI FL 33122 33222
DORAL



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DORAL

City & State

DORAL

Zip

33222

Country

Zip

33222

Country

4. FEI Number

33-1052881

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRALEY, JOHN L
9803 NW 43RD TERR
MIAMI FL 33178

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

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

John L. Braley

(NOTE: Registered Agent signature required when reconstituting)

4/3/07

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE V ☒ Delete
NAME MARTINI, RUTH
STREET ADDRESS 21301 SW 244 ST
CITY-STATE-ZIP HOMESTEAD FL 33031

TITLE V ☐ Change ☒ Addition
NAME LINDSEY E. SMITH
STREET ADDRESS 701 BRICKELL KEY BLVD # 2208
CITY-STATE-ZIP MIAMI FL 33131

TITLE P ☐ Delete
NAME BRALEY, BRENDA
STREET ADDRESS PO BOX 227157
CITY-STATE-ZIP MIAMI FL 33122 DORAL FL 33222

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS DORAL FL 33222
CITY-STATE-ZIP

TITLE S ☐ Delete
NAME FISHER, PENELOPE
STREET ADDRESS 980 NW NORTH RIVER DR
CITY-STATE-ZIP MIAMI FL 33136

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE T ☐ Delete
NAME BRALEY, JOHN
STREET ADDRESS PO BOX 227157
CITY-STATE-ZIP MIAMI FL 33122 DORAL FL 33222

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS DORAL FL 33222
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John L. Braley

4/3/07

Date

305-500-9897

Daytime Phone #