

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 26, 2009
Secretary of State**

DOCUMENT# N04000001939

Entity Name: MIAMI PARROT HEAD CLUB INC.

Current Principal Place of Business:

PO BOX 227157
DORAL, FL 33222

New Principal Place of Business:

9803 NW 43 TERR
DORAL, FL 33178

Current Mailing Address:

PO BOX 227157
DORAL, FL 33222

New Mailing Address:

FEI Number: 33-1052881 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: SMITH, LINDSEY E
Address: 701 BRICKELL KEY BLVD #2208
City-St-Zip: MIAMI, FL 33131

Title: P () Delete
Name: BRALEY, BRENDA
Address: PO BOX 227157
City-St-Zip: DORAL, FL 33222

Title: S () Delete
Name: FISHER, PENELOPE
Address: 980 NW NORTH RIVER DR
City-St-Zip: MIAMI, FL 33136

Title: T () Delete
Name: BRALEY, JOHN
Address: PO BOX 227157
City-St-Zip: DORAL, FL 33222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: BROWN, DALLAS
Address: 16241 SW 288 ST
City-St-Zip: HOMESTEAD, FL 33033

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: JOHN L BRALEY

T

02/26/2009

Electronic Signature of Signing Officer or Director

_____ Date