

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003569

FILED  
Jan 16, 2009  
Secretary of State

**Entity Name:** SOUTH MIAMI AVENUE IMPROVEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

1838 S MIAMI AV  
MIAMI, FL 331291513

**New Principal Place of Business:**

**Current Mailing Address:**

1838 S MIAMI AV  
MIAMI, FL 331291513

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SVALDI, MICHAEL  
1838 S MIAMI AV  
MIAMI, FL 331291513 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: DP ( ) Delete  
Name: SVALDI, MICHAEL  
Address: % 1838 S MIAMI AV  
City-St-Zip: MIAMI, FL 331291513

Title: DV ( ) Delete  
Name: BOUZA, RALPH  
Address: % 1838 S MIAMI AV  
City-St-Zip: MIAMI, FL 331291513

Title: DST ( ) Delete  
Name: ROIZ, JESUS E  
Address: % 1838 S MIAMI AV  
City-St-Zip: MIAMI, FL 331291513

**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:

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: MICHAEL SVALDI

DP

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date