## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000003590

Entity Name: MIAMI-DADE SPORTS COMMISSION, INC.

FILED Feb 09, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
701 BRICKELL AVENUE SUITE 2700 MIAMI, FL 33131				15280 NW 79TH COURT SUITE 109 MIAMI LAKES, FL 33016		
Current Mailing Address:				New Mailing Address:		
701 BRICKELL AVENUE SUITE 2700 MIAMI, FL 33131				15280 NW 79TH COURT SUITE 109 MIAMI LAKES, FL 33016		
FEI Number:	: 75-3150179	FEI Number Applied For ( )	FEI Nun	nber Not Appl	licable ( )	Certificate of Status Desired ( )
Name and	l Address of	Current Registered Agent:		Name and	Address of	New Registered Agent:
GAUTIER, LARRY 634 CRANDON BOULEVARD KEY BISCAYNE, FL 33149 US				GAUTIER, LARRY 15280 NW 79TH COURT 109 MIAMI LAKES, FL 33016 US		
The above in the State	e named entity e of Florida.	submits this statement for the p	urpose o	f changing i	ts registered	office or registered agent, or both,
SIGNATURE:				02/09/2007		
	Electro	nic Signature of Registered Age	∍nt			Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip: Title: Name: Address:	GAUTIER, LAF 634 CRANDOI KEY BISCAYN MR. ( BLUMBERG, S	N BOULEVARD IE, FL 33149 US ) Delete		Title: Name: Address: City-St-Zip: Title: Name: Address:	GAUTIER, LAF 15280 NW 79' MIAMI LAKES DR. (X) SOLOMON, JE	TH COURT, SUITE 109 , FL 33016 US K) Change()Addition
City-St-Zip: Title: Name: Address: City-St-Zip:	MRS. ( RODRIGUEZ,	OND STREET, 5TH FLOOR		City-St-Zip: Title: Name: Address: City-St-Zip:	MIAMI, FL 33	176 US ) Change ()Addition
Title: Name: Address: City-St-Zip:	MR. ( ) Delete TALBERT, WILLIAM 701 BRICKELL AVENUE, SUITE 2700 MIAMI, FL 33131 US			Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MR. ( ) Delete PRUITT, PETER 200 SOUTH BISCAYNE BLVD., SUITE 400 p: MIAMI, FL 33131 US			Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	BROWN, LINE	AVENUE, ROOM 202		Title: Name: Address: City-St-Zip:	(	) Change ()Addition

I hereby certify that the information supplied with this filing does not qualify for the 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: LARRY GAUTIER MR. 02/09/2007