


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90036 008 ****61.25

| | | | | | |
|---|--|--|---|--|------------------------------------|
| DOCUMENT # N04000007743 | | | |  | |
| 1. Entity Name MASTER BROKERS FORUM OF MIAMI-DADE COUNTY, INC. | | | | | |
| Principal Place of Business 1111 BRICKELL AVENUE SUITE #2150 MIAMI, FL 33131 | | | Mailing Address 1111 BRICKELL AVENUE SUITE #2150 MIAMI, FL 33131 | | |
| 2. Principal Place of Business - No P.O. Box # 11010 N. KENDALL DR. | | 3. Mailing Address 11010 N. KENDALL DR. | | | |
| Suite, Apt. #, etc. SUITE # 100 | | Suite, Apt. #, etc. SUITE # 100 | | | |
| City & State MIAMI, FL 33176 | | City & State MIAMI, FL 33176 | | 4. FEI Number 65-1039283 | |
| Zip Country | | Zip Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BARCIA, MARIA T 1111 BRICKELL AVENUE SUITE #2150 MIAMI, FL 33131 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 NAME STREET ADDRESS CITY-ST-ZIP | D WALLACE, MILTON J 1111 BRICKELL AVENUE, SUITE #2150 MIAMI, FL 33131 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 <i>[Signature]</i> | | | Date 2/13/06 | | Daytime Phone # 305 5982300 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |

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02072007 Chg-NP CR2E037 (12/06)