2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007
Secretary of State

DOCUMENT# N05000000717

Entity Name: NOMI MERCHANTS ASSOCIATION INC.

Current Principal Place of Business:

822 NE 125 STREET
108
NORTH MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

822 NE 125 STREET
108
NORTH MIAMI, FL 33161

New Mailing Address:

FEI Number: 20-2222053 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REYNOLDS, CLARK
1900 SUNSET HARBOUR DRIVE
2302
MIAMI BEACH, FL 33139 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:	S	( ) Delete
Name:	REYNOLDS, CLARK	
Address:	1900 SUNSET HARBOUR DRIVE, SUITE 2302	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:	V	( ) Delete
Name:	LIGAN, JEFFERY	
Address:	859 NE 125 STREET	
City-St-Zip:	NORTH MIAMI, FL 33161	
Title:	P	(X) Delete
Name:	GONZOLAZ, GEORGE	
Address:	819 NE 125 STREET	
City-St-Zip:	NORTH MIAMI, FL 33161	
Title:	T	( ) Delete
Name:	MITCHELL, DEBORAH G	
Address:	12345 WEST DIXIE HIGHWAY	
City-St-Zip:	NORTH MIAMI, FL 33161	

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:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: CLARK REYNOLDS S 04/04/2007

Electronic Signature of Signing Officer or Director — Date