


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000006820
 1. Entity Name
MIAMI-DADE BUSINESS LEADERSHIP NETWORK, INC.



Principal Place of Business C/O ROBERT BROMBERG 1110 BRICKELL AVE STE 800 MIAMI, FL 33131	Mailing Address C/O ROBERT BROMBERG 1110 BRICKELL AVE STE 800 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



02082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 14-1941173	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**INTRASTATE REGISTERED AGENT CORPORATION
 701 BRICKELL AVE STE 3000
 MIAMI, FL 33131**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000632231
 02/21/07-80012-018 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BROMBERG, BOB 1110 BRICKELL AVENUE, SUITE 800 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FIKE, PATRICE 1601 NW 12TH AVENUE MIAMI, FL 33136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC FRIEDMAN, ROBERT ESQ. 701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR CUFFONI, ZULAY 703 WATERFORD WAY, SUITE 400 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR CASTILLO-FRICK, ILIANA 11011 SW 104TH STREET, ROOM 1107 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR LEACHMAN, MATT 10250 NW 53RD STREET SUNRISE, FL 33351

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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: Robert D. Friedman, Treasurer 2/8/07 305 789 7791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #