## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000008776

GRAHAM, PATSY

2627 S.W. 289 AVENUE

MIRAMAR, FL 33029

Name:

Address:

City-St-Zip:

ntity Names MIAMI CIDL EDIENDS ALLIANO

FILED Apr 10, 2007 Secretary of State

Entity Name: MIAMI GIRL FRIENDS ALLIANCE, INC. **Current Principal Place of Business: New Principal Place of Business:** 6547 N.W. 201 TERRACE MIAMI, FL 33015 **Current Mailing Address: New Mailing Address:** 6547 N.W. 201 TERRACE MIAMI, FL 33015 FEI Number: 43-2087496 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SIMMS, LEAH A ESQ. 801 N.É. 167 STREET, 2ND FLOOR NORTH MIAMI BEACH, FL 33162 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LONG, SHEILA Name: Name: Address: 6547 N.W. 201 TERRACE Address: City-St-Zip: MIAMI, FL 33015 City-St-Zip: Title: Title: () Change () Addition ( ) Delete Name: POPE, ANN Name: Address: 15626 SW 111 TERRACE Address: City-St-Zip: MIAMI, FL 33196 City-St-Zip: Title: () Delete Title: () Change () Addition BAIN, PAULA Name: Name: 1141 BEL AIRE DRIVE Address: Address: City-St-Zip: PEMBROKE PINES, FL 33027 City-St-Zip: ( ) Delete Title: Title: () Change () Addition Name: GARVIN, JUNE Name: 310 NEWPORT DRIVE Address: Address: City-St-Zip: INDIALANTIC, FL 32903 City-St-Zip: Title: Title: () Delete () 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.

Name:

Address:

City-St-Zip:

SIGNATURE: SHEILA L. LONG D 04/10/2007