2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008
Secretary of State

DOCUMENT# N05000008776

Entity Name: MIAMI GIRL FRIENDS ALLIANCE, INC.

Current Principal Place of Business:

6547 N.W. 201 TERRACE
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

6547 N.W. 201 TERRACE
MIAMI, FL 33015

New Mailing Address:

FEI Number: 43-2087496 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SIMMS, LEAH A ESQ.
801 N.E. 167 STREET, 2ND FLOOR
NORTH MIAMI BEACH, FL 33162 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: D ( ) Delete
Name: LONG, SHEILA
Address: 6547 N.W. 201 TERRACE
City-St-Zip: MIAMI, FL 33015

Title: D ( ) Delete
Name: POPE, ANN
Address: 15626 SW 111 TERRACE
City-St-Zip: MIAMI, FL 33196

Title: D ( ) Delete
Name: BAIN, PAULA
Address: 1141 BEL AIRE DRIVE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D ( ) Delete
Name: GARVIN, JUNE
Address: 310 NEWPORT DRIVE
City-St-Zip: INDIALANTIC, FL 32903

Title: D ( ) Delete
Name: GRAHAM, PATSY
Address: 2627 S.W. 289 AVENUE
City-St-Zip: MIRAMAR, FL 33029

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:

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

I hereby certify that the information supplied with this filing does not qualify 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: SHEILA LONG D 04/14/2008

Electronic Signature of Signing Officer or Director — Date