

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011110

FILED
May 01, 2007
Secretary of State

Entity Name: POSITIVE IMPACT MIAMI, INC.

Current Principal Place of Business:

4585 W. FLAGLER STREET
MIAMI, FL 33134

New Principal Place of Business:

Current Mailing Address:

4585 W. FLAGLER STREET
MIAMI, FL 33134

New Mailing Address:

FEI Number: 20-3710477 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PEREZ, DELIA
4585 W. FLAGLER
MIAMI, FL 33177 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: P () Delete
Name: ROMERO, REY
Address: 2001 SW 22ND TERRACE
City-St-Zip: MIAMI, FL 33126

Title: TREA () Delete
Name: CASTILLO, KARELIA
Address: 7764 NW 194TH TERRACE
City-St-Zip: MIAMI, FL 33015

Title: SEC. () Delete
Name: FERNANDEZ, MYRIAM
Address: 120 NW 64TH COURT
City-St-Zip: MIAMI, FL 33126

Title: MEMB () Delete
Name: DELGADO, ILIANA
Address: 4567 SW 128TH COURT
City-St-Zip: MIAMI, FL 33175

Title: MEMB () Delete
Name: PORTILLO, WALTER
Address: 4911 SW 148TH PLACE
City-St-Zip: MIAMI, FL 33185

Title: MEMB () Delete
Name: RITSEMA, FRED
Address: 11910 SW 110 STREET CIRCLE EAST
City-St-Zip: MIAMI, FL 33186

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:

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: REY ROMERO

P

05/01/2007

Electronic Signature of Signing Officer or Director

Date