

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 16, 2006
Secretary of State**

DOCUMENT# N05000011820

Entity Name: BROWNSVILLE REVOLUTION COMMUNITY LAND TRUST OF MIAMI, INC.

Current Principal Place of Business:

4520 NW 27TH AVENUE
SUITE 3
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

4520 NW 27TH AVENUE
SUITE 3
MIAMI, FL 33142

New Mailing Address:

FEI Number: 20-3836245 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

BLACK, ROBERT J
901 PONCE DE LEON BLVD.
PENTHOUSE SUITE
CORAL GABLES, FL 33134 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: LOVETT, LARRIE M II
Address: 2799 NW 46TH STREET
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: FARRINGTON, MILDRED
Address: 4530 NW 27 AVENUE
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: HUNTER, THADDEUS
Address: 524 NW 52 AVENUE
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: MCPHEE-MOORMAN, ANN
Address: 2774 NW 46 STREET
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: WILLIAMS, DOCIE
Address: 4651 NW 32ND AVENUE
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: LENO, CALVIN
Address: 1681 NW 195 STREET
City-St-Zip: MIAMI, FL 33169

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 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: LARRIE M. LOVETT, II.

D

05/16/2006

Electronic Signature of Signing Officer or Director

Date