


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 26, 2008 8:00 am**  
**Secretary of State**

08-26-2008 90001 027 \*\*\*\*70.00

**DOCUMENT # N06000003473**

1. Entity Name  
**MIAMI CELEBRITY 5 K, INC.**



Principal Place of Business      Mailing Address

**501 BRICKELL KEY DRIVE  
 SUITE 504  
 MIAMI, FL 33131**

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 SUITE 504  
 MIAMI, FL 33131**

**DO NOT WRITE IN THIS SPACE**



08142008 No Chg-NP      CR2E037 (4/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HOWE, OSMOND C JR  
 501 BRICKELL KEY DR.  
 SUITE 504  
 MIAMI, FL 33131**

**DO NOT WRITE IN THIS SPACE**

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 September 12, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR VINCENT, DANIEL 1550 N. MIAMI AVENUE MIAMI, FL 33136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCHR ARMSTRONG, JAMES L 1550 N. MIAMI AVENUE MIAMI, FL 33136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA HUSTON, JR, TOM 1550 N. MIAMI AVENUE MIAMI, FL 33136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC LEWIS, LYNN B 1550 N. MIAMI AVENUE MIAMI, FL 33136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR