

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2007  
Secretary of State**

DOCUMENT# N06000003624

Entity Name: MIAMI IMPROV FESTIVAL, INC.

**Current Principal Place of Business:**

P.O.BOX 430668  
MIAMI, FL 331430668

**New Principal Place of Business:**

3280 S. MIAMI AVENUE  
MIAMI, FL 33129

**Current Mailing Address:**

P.O.BOX 430668  
MIAMI, FL 331430668

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

CORPDIRECT AGENTS, INC.  
515 E PK AVE  
TALLAHASSEE, FL 32301    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: PD                      ( ) Delete  
Name: SUAREZ, DAVID  
Address: P.O.BOX 430668  
City-St-Zip: MIAMI, FL 331430668

Title: VD                      ( ) Delete  
Name: HERRING, GEORGE  
Address: 9050 WINTER SPRINGS DR  
City-St-Zip: MECHANICSVILLE, VA 23116

Title: VD                      ( ) Delete  
Name: BLACK, STEPHANIE  
Address: P.O.BOX 430668  
City-St-Zip: MIAMI, FL 331430668

**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:

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: DAVID SUAREZ

D

04/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date