2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006929

BENT, JONATHAN L

1825 NW 33 ST

MIAMI, FL 33169

Name:

Address:

City-St-Zip:

FILED May 01, 2007 Secretary of State

Entity Name: MIAMI DAWGFEST, INC. **Current Principal Place of Business: New Principal Place of Business:** 755 NW 200 ST MIAMI, FL 33169 **Current Mailing Address: New Mailing Address:** 755 NW 200 ST MIAMI, FL 33169 FEI Number: 20-5113061 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: Name and Address of New Registered Agent: BENT, INAKI 755 NW 200 ST MIAMI, FL 33169 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: CEO () Change () Addition () Delete BENT, INAKI G Name: Name: 755 NW 200 ST Address: Address: City-St-Zip: MIAMI, FL 33169 City-St-Zip: Title: CFO () Delete Title: () Change () Addition Name: HEATH, YASHICA Name: Address: 18921 NW 12 AVE Address: City-St-Zip: MIAMI, FL 33169 City-St-Zip: Title: COO () Delete Title: () Change () Addition JOHNSON, DONNELL A SR Name: Name: 6967 COLLEGE COURT BLDG 1, UNIT 103 Address: Address: City-St-Zip: **DAVIE. FL 33317** City-St-Zip: Title: CHAI () Delete Title: () Change () Addition Name: TISDOL, MATTHEW Name: Address: 750 NW 207 ST Address: City-St-Zip: MIAMI, FL 33169 City-St-Zip: Title: **PRES** () Delete Title: PRES (X) Change () Addition

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.

Name:

Address:

City-St-Zip:

BENT, INAKI G

755 NW 200 ST

MIAMI, FL 33169

SIGNATURE: INAKI BENT CEO 05/01/2007