## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000010028

FILED Feb 22, 2007 Secretary of State

Entity Name: GREATER MIAMI YOUTH CHAMBER, INC.

**Current Principal Place of Business: New Principal Place of Business: 501 SW 1 STREET** 201 MIAMI, FL 33130 **Current Mailing Address: New Mailing Address:** PO BOX 521532 MIAMI, FL 33152 FEI Number: 65-1292757 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALJIBAT, FABIOLA 501 SW 1 ST 201 MIAMI, FL FL 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: (X) Change ( ) Addition () Delete BRUNO, BELLE-ISHA ALJIBAT, FABIOLA Name: Name: 501 SW 1 ST APT. #201 Address: PO BOX 521532 Address: City-St-Zip: MIAMI, FL 33130 City-St-Zip: MIAMI, FL 33152 Title: (X) Delete Title: () Change () Addition Name: ALVAREZ, JEISLEESANGELY Name: Address: 501 SW 1 ST APT, #201 Address: City-St-Zip: MIAMI, FL 33130 City-St-Zip: Title: (X) Delete Title: () Change () Addition DOLCINE, NAOMI Name: Name: 501 SW 1 ST APT. #201 Address: Address: City-St-Zip: MIAMI, FL 33130 City-St-Zip: Title: (X) Delete Title: () Change () Addition CALERO, EDUÁRDO Name: Name: 501 SW 1 ST APT. #201 Address: Address: City-St-Zip: MIAMI, FL 33130 City-St-Zip: Title: Title: (X) Delete () Change () Addition DOLCINE, NAHARY Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: FABIOLA ALJIBAT P 02/22/2007

501 SW 1 ST APT. 201

MIAMI, FL 33130

Address:

City-St-Zip: