

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010028

FILED
May 19, 2009
Secretary of State

Entity Name: GREATER MIAMI YOUTH CHAMBER, INC.

Current Principal Place of Business:

2490 NW 35TH STREET
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

2490 NW 35TH STREET
MIAMI, FL 33142

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)
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:

MAYORGA, DOUGLAS I
701 BRICKELL AVENUE, #1550
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

FABIOLA, DOLCINE
2490 NW 35TH STREET
MIAMI, FL 33142 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: FABIOLA DOLCINE

05/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DOLCINE, FABIOLA
Address: PO BOX 521532
City-St-Zip: MIAMI, FL 33152

Title: SEC () Delete
Name: MAYORGA, DOUGLAS
Address: 701 BRICKELL AVENUE, #1550
City-St-Zip: MIAMI, FL 33131

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ORTIZ, JENNIFER
Address: PO BOX 521532
City-St-Zip: MIAMI, FL 33152

Title: SEC () Change (X) Addition
Name: ALVAREZ, NAHARY
Address: PO BOX 521532
City-St-Zip: MIAMI, FL 33152

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: FABIOLA DOLCINE

P

05/19/2009

Electronic Signature of Signing Officer or Director

Date