2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# N06000010480

Entity Name: MIAMI ACTING COMPANY

Current Principal Place of Business:

315 CAMPANA AVE.
CORAL GABLES, FL 33156

New Principal Place of Business:

Current Mailing Address:

315 CAMPANA AVE.
CORAL GABLES, FL 33156

New Mailing Address:

FEI Number: 11-3791991 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GINSBERG, DEBRA L
315 CAMPANA AVE.
CORAL GABLES, FL 33156 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: D ( ) Delete
Name: ALTFIELD, BILL
Address: 1350 NW 12TH AVE., #511-SOUTH
City-St-Zip: MIAMI, FL 33136

Title: D ( ) Delete
Name: CARBALLEA, MANUEL
Address: 11250 SW 64TH LN
City-St-Zip: MIAMI, FL 33173

Title: D ( ) Delete
Name: EISENBERG, MARGIE
Address: 18255 SW 262 ST.
City-St-Zip: HOMESTEAD, FL 33031

Title: D ( ) Delete
Name: GINSBERG, DEBRA
Address: 315 CAMPANA AVE.
City-St-Zip: CORAL GABLES, FL 33156

Title: D ( ) Delete
Name: GINTEL, ROBERT
Address: 5 BAY RIDGE RD.
City-St-Zip: KEY LARGO, FL 33037

Title: D ( ) Delete
Name: KENDREW, COLIN
Address: 17352 SW 113 AVE.
City-St-Zip: MIAMI, FL 33136

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:

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 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: RICHARD GINSBERG TRES 01/10/2007

Electronic Signature of Signing Officer or Director — Date