


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90851 049 \*\*\*\*70.00

<b>DOCUMENT # N06000011592</b>					
<b>1. Entity Name</b> SOUTH FLORIDA BLACK CHAMBER OF COMMERCE, INC.					
<b>Principal Place of Business</b> 11380 NW 27TH AVE SUITE 1328 MIAMI, FL 33167			<b>Mailing Address</b> 11380 NW 27TH AVE SUITE 1328 MIAMI, FL 33167		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<div style="display: flex; justify-content: space-between;"> <span>01232007 Chg-NP</span> <span>CR2E037 (12/06)</span> </div>					
<b>4. FEI Number</b> 84-1725912				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
HILL, MARLON A ESQ C/O DELANCYHILL, P.A. 200 S BISCAYNE BLVD SUITE 2750 MIAMI, FL 33131			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D <b>NAME</b> BEATTY, ROBERT <b>STREET ADDRESS</b> 1 HERALD PLAZA <b>CITY-ST-ZIP</b> MIAMI, FL 33132	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Dexter Bridgeman <b>STREET ADDRESS</b> 1756 N. Bayshore Drwc, #31-A <b>CITY-ST-ZIP</b> Miami, FL 33132	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> KNOWLES, GORDON ERIC <b>STREET ADDRESS</b> 2269 DAN MARINO BLVD <b>CITY-ST-ZIP</b> MIAMI GARDENS, FL 33056	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> D <b>NAME</b> WEST, ALVIN <b>STREET ADDRESS</b> 701 BRICKELL AVE 27TH FLOOR <b>CITY-ST-ZIP</b> MIAMI, FL 33131	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> D <b>NAME</b> DIGGS, WILLIAM <b>STREET ADDRESS</b> 11380 NW 27TH AVE SUITE 1328 <b>CITY-ST-ZIP</b> MIAMI, FL 33167	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-27-07 (305) 751-8648 Date Daytime Phone #		