

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 01, 2009
Secretary of State**

DOCUMENT# N08000008835

Entity Name: MIAMI'S CHOSEN GENERATION, INC.

Current Principal Place of Business:

1725 NW 132 STREET
MIAMI, FL 33167

New Principal Place of Business:

Current Mailing Address:

1725 NW 132 STREET
MIAMI, FL 33167

New Mailing Address:

FEI Number: 26-3500959 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:

CAMBRIDGE, SUSAN
1725 NW 132 STREET
MIAMI, FL 33167 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: PD () Delete
Name: CAMBRIDGE, SUSAN
Address: 1725 NW 132 STREET
City-St-Zip: MIAMI, FL 33167

Title: TD () Delete
Name: HOLLIDAY, DARRYL
Address: 3529 SW 69TH WAY
City-St-Zip: MIRAMAR, FL 33023

Title: SD () Delete
Name: SPALDING, FRIDA
Address: 1370 NE 154TH STREET
City-St-Zip: N MIAMI BEACH, FL 33162

Title: D () Delete
Name: DIXON, LAKEISHA
Address: 4284 SITKA DR
City-St-Zip: DOUGLASVILLE, GA 30135

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:

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: SUSAN CAMBRIDGE

PRES

05/01/2009

Electronic Signature of Signing Officer or Director

_____ Date