

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09210

FILED
Jan 09, 2004
Secretary of State

Entity Name: GREATER MIAMI NEIGHBORHOODS, INC.

Current Principal Place of Business:

300 NW 12TH AVE
MIAMI, FL 33128

New Principal Place of Business:

Current Mailing Address:

300 NW 12TH AVE
MIAMI, FL 33128

New Mailing Address:

FEI Number: 59-2544297 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARTORANO, SAL
300 NW 12TH AVE
MIAMI, FL 33128 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: P () Delete
Name: AGUSTIN, DOMINGUEZ
Address: 300 NW 12 AVE
City-St-Zip: MIAMI, FL 33128

Title: T () Delete
Name: MARTORANO, SAL
Address: 300 NW 12TH AVE
City-St-Zip: MIAMI, FL 33128

Title: CD () Delete
Name: CLEMENTS, CHARLES III
Address: 3403 N.W. 82ND AVENUE, SUITE 200
City-St-Zip: MIAMI, FL 33122

Title: D () Delete
Name: NOBLE, CARLOS
Address: 700 BRICKELL AVE
City-St-Zip: MIAMI, FL 33131

Title: VD () Delete
Name: RALEY, CLAIRE
Address: 300 NW 12TH AVE
City-St-Zip: MIAMI, FL 33128

Title: S () Delete
Name: ANDERSON, EUGENIA
Address: 300 N.W. 12TH AVENUE
City-St-Zip: MIAMI, FL 33128

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
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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 Section 119.07(3)(i), 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: SAL MARTORANO

T

01/09/2004

Electronic Signature of Signing Officer or Director

Date