

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09210

FILED  
Mar 06, 2007  
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:**

REVALES, RONALD  
300 NW 12TH AVE  
MIAMI, FL 33128 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: RONALD REVALES

03/06/2007

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 (X) 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: VP ( ) Delete  
Name: REVALES, RON  
Address: 300 NW 12TH AVE  
City-St-Zip: MIAMI, FL 33128

Title: S ( ) Delete  
Name: RODRIGUEZ, KATHLEEN  
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  
Name:  
Address:  
City-St-Zip:

Title: VP/T (X) Change ( ) Addition  
Name: REVALES, RON  
Address: 300 NW 12TH AVE  
City-St-Zip: MIAMI, FL 33128

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: RONALD REVALES

VP/T

03/06/2007

Electronic Signature of Signing Officer or Director

Date