

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2006
Secretary of State

DOCUMENT# N11079

Entity Name: THE MIAMI-DADE BEACON COUNCIL, INC.

Current Principal Place of Business:

C/O FRANK NERO
80 S.W. 8 ST., STE.2400
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

C/O FRANK NERO
80 S.W. 8 ST., STE.2400
MIAMI, FL 33130

New Mailing Address:

FEI Number: 59-2603574 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:

NERO, FRANK R CEO
80 S.W. 8 ST.,
SUITE 2400
MIAMI, FL 33130 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: CD () Delete
Name: MOLLERE, BENJAMIN
Address: 1200 ANASTASIA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: CED () Delete
Name: KASDIN, NEISEN
Address: 2 SOUTH BISCAYNE BOULEVARD, SUITE 3400
City-St-Zip: MIAMI, FL 33131

Title: SD () Delete
Name: THOMPSON, PATRICIA
Address: 100 SE SECOND STREET
City-St-Zip: MIAMI, FL 33131

Title: TD () Delete
Name: TZUR, AVIV
Address: 3420 NW 53RD STREET
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: CEOD () Delete
Name: NERO, FRANK
Address: 80 ST 8 STREET
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: KASDIN, NEISEN
Address: 2 SOUTH BISCAYNE BOULEVARD, SUITE 3400
City-St-Zip: MIAMI, FL 33131

Title: CED (X) Change () Addition
Name: MEDINA, ANGEL
Address: 2800 PONCE DE LEON BLVD, 15TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

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: CAMELA GLEAN-JONES

CFO

05/16/2006

Electronic Signature of Signing Officer or Director

_____ Date