

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Oct 02, 2009**  
**Secretary of State**

DOCUMENT# N11079

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

**Current Principal Place of Business:**

C/O CAMELA GLEAN-JONES  
80 S.W. 8 ST., STE.2400  
MIAMI, FL 33130

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CAMELA GLEAN-JONES  
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 (X)

**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: C ( ) Delete  
Name: PIZARRO, PETE  
Address: 1111 BRICKELL AVENUE 10TH FLOOR  
City-St-Zip: MIAMI, FL 33131

Title: CE ( ) Delete  
Name: BLANCA, TERE  
Address: 200 SOUTH BISCAYNE BLVD #2800  
City-St-Zip: MIAMI, FL 33131

Title: S ( ) Delete  
Name: ANDERSON, SHELDON  
Address: 700 BRICKELL AVE  
City-St-Zip: MIAMI, FL 33131

Title: T ( ) Delete  
Name: MOJENA, HECTOR  
Address: 2 SOUTH BISCAYNE BLVD #2800  
City-St-Zip: MIAMI, FL 33131

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C (X) Change ( ) Addition  
Name: VILLOCH, ALEXANDRA  
Address: ONE HERALD PLAZA  
City-St-Zip: MIAMI, FL 33132

Title: CE (X) Change ( ) Addition  
Name: LOWELL, JACK  
Address: 2855 S. LEJEUNE ROAD, 4TH FLOOR  
City-St-Zip: CORAL GABLES, FL 33134

Title: S (X) Change ( ) Addition  
Name: ABOOD, DONNA  
Address: 95 MERRICK WAY, SUITE 380  
City-St-Zip: CORAL GABLES, FL 33134

Title: T (X) Change ( ) Addition  
Name: BIRRIEL, SIGFREDO  
Address: 100 SE 2ND STREET, 15TH FLOOR  
City-St-Zip: MIAMI, FL 33131

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: CAMELA GLEAN-JONES

CFO

10/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date