

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11079

FILED  
Apr 21, 2010  
Secretary of State

**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  
Name: VILLOCH, ALEXANDRA  
Address: 80 SW 8 STREET, SUITE 2400  
City-St-Zip: MIAMI, FL 33130

Title: CE  
Name: LOWELL, JACK  
Address: 80 SW 8 STREET, SUITE 2400  
City-St-Zip: MIAMI, FL 33130

Title: S  
Name: ABOOD, DONNA  
Address: 80 SW 8 STREET, SUITE 2400  
City-St-Zip: MIAMI, FL 33130

Title: T  
Name: BIRRIEL, SIGFREDO  
Address: 80 SW 8 STREET, SUITE 2400  
City-St-Zip: MIAMI, FL 33130

Title: CEOD  
Name: NERO, FRANK  
Address: 80 SW 8 STREET, SUITE 2400  
City-St-Zip: MIAMI, FL 33130

I hereby 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 all other like empowered.

SIGNATURE: CAMELA GLEAN-JONES

CFO

04/21/2010

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

\_\_\_\_\_  
Date