


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # N28209
 1. Entity Name
SOUTH MIAMI BUSINESS NETWORK, INC.



Principal Place of Business Mailing Address
C/O NANCY WEAR **C/O NANCY WEAR**
1234 S DIXIE HWY, #337 **1234 S DIXIE HWY, #337**
CORAL GABLES, FL 33146 US **CORAL GABLES, FL 33146 US**

DO NOT WRITE IN THIS SPACE



01182005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
65-0070014 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WEAR, NANCY
1234 S DIXIE HWY, #337
CORAL GABLES, FL 33146

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

1100000240339
 02/23/05-80027-006 61.25

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS GAINES, DONNA 1556 CATALONIA MIAMI, FL 33139 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT BIRTS, MARIE 6520 SW 58 PLACE MIAMI, FL 33143 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV SORGIE, JOHN 5833 PONCE DE LEON BLVD MIAMI, FL 33146 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP WEAR, NANCY 1234 S DIXIE HWY, #337 CORAL GABLES, FL 33146 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Nancy Wear **Nancy Wear** 19 Feb 05 305/668-3004

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #