

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N28209

1. Entity Name
SOUTH MIAMI BUSINESS NETWORK, INC.



Principal Place of Business

**C/O NANCY WEAR
1234 S DIXIE HWY, #337
CORAL GABLES, FL 33146 US**

Mailing Address

**C/O NANCY WEAR
1234 S DIXIE HWY, #337
CORAL GABLES, FL 33146 US**



01242006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0070014

Applied For
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

U00000414387
02/11/06-80036-001 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature]
29 Jan 06 305/
608-3004