


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N28209 1. Entity Name SOUTH MIAMI BUSINESS NETWORK, INC.	
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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
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DO NOT WRITE IN THIS SPACE



02132007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0070014	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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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	

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03/01/07-80048-001 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:  **13 Feb 2007 (305) 668-3004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #