2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N31638

Entity Name: THE INSTITUTE OF INTERNAL AUDITORS-MIAMI CHAPTER, INC.

Current Principal Place of Business:

255 ARAGON AVE
SUITE 300
CORAL GABLE, FL 33134

New Principal Place of Business:

Current Mailing Address:

255 ARAGON AVE
SUITE 300
CORAL GABLE, FL 33134

New Mailing Address:

FEI Number: 65-0100821 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARU, ARSAK J
255 ARAGON AVENUE
SUITTE 300
CORAL GABLES, FL 33134 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: PD ( ) Delete
Name: WOLFE, JONATHAN
Address: 255 ARAGON AVE
City-St-Zip: CORAL GABLE, FL 33134

Title: VD ( ) Delete
Name: CHACON, SERGIO
Address: 255 ARAGON AVE
City-St-Zip: CORAL GABLE, FL 33134

Title: TD ( ) Delete
Name: SICRE, ROGER O
Address: 255 ARAGON AVE
City-St-Zip: CORAL GABLE, FL 33134

Title: SD ( ) Delete
Name: FLORES, JORGE
Address: 255 ARAGON AVE
City-St-Zip: CORAL GABLE, FL 33134

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WOLFE, JONATHAN
Address: 255 ARAGON AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: VD (X) Change ( ) Addition
Name: VALENCIA, CONNIE
Address: 255 ARAGON AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: TD (X) Change ( ) Addition
Name: SICRE, ROGER O
Address: 255 ARAGON AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: SD (X) Change ( ) Addition
Name: FLORES, JORGE
Address: 255 ARAGON AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: VD ( ) Change (X) Addition
Name: SHILTS, JOSH
Address: 255 ARAGON AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Change (X) Addition
Name: KLUTZ, LAURA
Address: 255 ARAGON AVE
City-St-Zip: CORAL GABLES, FL 33134

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: ROGER SICRE TD 04/30/2007

Electronic Signature of Signing Officer or Director — Date