

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 06, 2008
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
SUITE 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: VALENCIA, CONNIE
Address: 255 ARAGON AVE
City-St-Zip: CORAL GABLES, FL 33134**Title:** VD () Delete
Name: DEO, SANJAY
Address: 255 ARAGON AVE
City-St-Zip: CORAL GABLES, FL 33134**Title:** TD () Delete
Name: SICRE, ROGER O
Address: 255 ARAGON AVE
City-St-Zip: CORAL GABLES, FL 33134**Title:** SD () Delete
Name: KLUTZ, LAURA
Address: 255 ARAGON AVE
City-St-Zip: CORAL GABLES, FL 33134**Title:** D () Delete
Name: MIDEI, RON
Address: 255 ARAGON AVE
City-St-Zip: CORAL GABLES, FL 33134**Title:** D () Delete
Name: WOLFE, JONATHAN
Address: 255 ARAGON AVE
City-St-Zip: CORAL GABLES, FL 33134**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VD (X) Change () Addition
Name: ROTH, STEVE
Address: 255 ARAGON AVE
City-St-Zip: CORAL GABLES, FL 33134**Title:** TD (X) Change () Addition
Name: MALAGON, LEONARDO R
Address: 255 ARAGON AVE
City-St-Zip: CORAL GABLES, FL 33134**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VD (X) Change () Addition
Name: FRANCIS, LACQUELINE
Address: 255 ARAGON AVE
City-St-Zip: CORAL GABLES, FL 33134**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: LEO MALAGON

TD

06/06/2008

Electronic Signature of Signing Officer or Director_____
Date