

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31638

FILED
May 26, 2010
Secretary of State

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

Current Principal Place of Business:

1111 BRICKELL AVE.
SUITE 2801
MIAMI, FL 33131

New Principal Place of Business:

201 ALHAMBRA CIRCLE
SUITE 810
CORAL GABLES, FL 33134

Current Mailing Address:

1111 BRICKELL AVE.
SUITE 2801
MIAMI, FL 33131

New Mailing Address:

201 ALHAMBRA CIRCLE
SUITE 810
CORAL GABLES, FL 33134

FEI Number: 65-0100821 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PRZESTRZELSKI, FRANK M
1111 BRICKELL AVE.
SUITE 2801
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

PRZESTRZELSKI, FRANK M
201 ALHAMBRA CIRCLE
SUITE 810
CORAL GABLES, FL 33134 US

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: _____

05/26/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: LANGE, EMMETT
Address: 201 ALHAMBRA CIRCLE, STE 810
City-St-Zip: CORAL GABLES, FL 33134

Title: VD
Name: KLUTZ, LAURA
Address: 201 ALHAMBRA CIRCLE, STE 810
City-St-Zip: CORAL GABLES, FL 33134

Title: TD
Name: PRZESTRZELSKI, FRANK M
Address: 201 ALHAMBRA CIRCLE, STE 810
City-St-Zip: CORAL GABLES, FL 33134

Title: SD
Name: SCHRAGER, VALERIE
Address: 201 ALHAMBRA CIRCLE, STE 810
City-St-Zip: CORAL GABLES, FL 33134

Title: VD
Name: POLANIA, ANGELINA
Address: 201 ALHAMBRA CIRCLE, STE 810
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: FRANK PRZESTRZELSKI

TD

05/26/2010

Electronic Signature of Signing Officer or Director

Date