


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

**FILED**  
**Apr 27, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N44897</b> 1. Entity Name <b>THE COCONUT GROVE JUNIOR CHAMBER FOUNDATION, INC.</b>	
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Principal Place of Business <b>250 CATALONIA SUITE 300 CORAL GABLES, FL 33134 US</b>	Mailing Address <b>250 CATALONIA STE. 300 CORAL GABLES, FL 33134 US</b>
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**DO NOT WRITE IN THIS SPACE**



04202007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0291162</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**KISKINIS, JOHN G  
250 CATALONIA  
STE. #300  
CORAL GABLES, FL 33134**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KISKINIS, JOHN 250 CATALONIA, SUITE 300 CORAL GABLES, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KORGE, CHRISTOPHER 10355 SW 67TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOFFRE, JOHN 7391 SW 117 TERR MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERNFELD, JERRY 10350 SW 127TH CT MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000738892  
05/14/07-80003-002 61,25

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:** \_\_\_\_\_ **4/17/07 305-444-9533**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #