
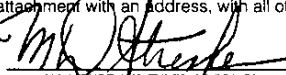


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90089 010 ****61.25

DOCUMENT # N51408 1. Entity Name ROTARY FOUNDATION OF SOUTH MIAMI, INC.					
Principal Place of Business % WILLIAM KRUEGER 6401 SW 87 AVENUE, #204 SOUTH MIAMI, FL 33143 US			Mailing Address % WILLIAM KRUEGER 6401 SW 87 AVENUE, SUITE 204 SOUTH MIAMI, FL 33143 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0366159	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JACOBS, DAVID 6401 SW 87TH AVENUE SUITE 204 MIAMI, FL 33173				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REITNAUER, DOREEN		NAME		
STREET ADDRESS	15100 SW 71 COURT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33158		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOK, ELLEN		NAME		
STREET ADDRESS	2706 NORTH GREENWAY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33134		CITY-ST-ZIP		
TITLE	PE	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, LINDA		NAME		
STREET ADDRESS	9055 SW 160 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33157		CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	PE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, MICHEAL		NAME	MICHAEL MILLS	
STREET ADDRESS	8250 SW 95TH ST		STREET ADDRESS	13275 S.W. 102 STREET	
CITY-ST-ZIP	MIAMI, FL 33147		CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCREA, DANIEL C		NAME		
STREET ADDRESS	6200 SOUTHWEST 63 COURT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERLMUTTER, JORDAN		NAME	M.D. STREAKER	
STREET ADDRESS	1510 TRILLO AVENUE		STREET ADDRESS	7920 S.W. 154 TERRACE	
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP	PALMETTO BAY, FL 33157-2320	
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: 			M.D. STREAKER TREASURER		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 1/12/07 (305) 253-9740 Daytime Phone #		