2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003025

FILED Jan 08, 2007 Secretary of State

Entity Name: REBUILDING TOGETHER WITH CHRISTMAS IN APRIL, GREATER MIAMI, INC.

	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	3 STREET				
303 MIAMI, FL	33143 US				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	3 STREET				
303 MIAMI, FL	33143 US				
El Number:	65-0424304	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
303	/ILLIAM R 73 STREET 33143 US				
	named entity s of Florida.	ubmits this statement for the pu	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR					
	Electron	ic Signature of Registered Age	nt	Date	
OFFICERS	S AND DIREC	rors:	ADDITIONS/CHANG	EES TO OFFICERS AND DIRECTORS:	
Fitle: Name: Address: City-St-Zip:	P () MILLER, WILLIA 5900 SW 73 ST MIAMI, FL 3314	REET #303	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: Dity-St-Zip:	TEASDALE, RO	ESTMENT 8699 NW 36 STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
	TREA ()	Delete	Title:	() Change () Addition	
Name: Nddress:		DDD MUTUAL BANK 17760 COLLINS AVE BEACH, FL 33160	Name: Address: City-St-Zip:	()Change ()Addition	
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip:	WASHINGTON I SUNNY ISLES E	MUTUAL BANK 17760 COLLINS AVE BEACH, FL 33160 Delete INDA DR DR	Name: Address:	() Change () Addition	
Name: Address: City-St-Zip: Title: Name: Address:	WASHINGTON I SUNNY ISLES E SEC () MARRACCINI, L 6280 SUNSET E SOUTH MIAMI, D () MILLS, LEN	MUTUAL BANK 17760 COLLINS AVE BEACH, FL 33160 Delete INDA DR DR FL 33143 Delete ENERAL CONT. PO BOX 267607	Name: Address: City-St-Zip: Title: Name: Address:		

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM R MILLER P 01/08/2007