## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## May 20, 2005 8:00 am Secretary of State DOCUMENT # N93000003597 05-20-2005 90206 001 \*1,561.25 MIAMI INTERNATIONAL CHAMBER OF COMMERCE, INC. Principal Place of Business Mailing Address DDUTATAX 12000 BISCAYNE BLVD #507 12000 BISCAYNE BLVD #507 MIAMI, FL 33181 US MIAMI, FL 33181 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05092005 Chg-NP CR2E037 (10/03) City & State 4. FEI Number 65-0502712 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHIARATO, UGO V 12000 BISCAYNE BLVD #507 Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33181 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by September 7, 2005 Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD ☐ Delete TITLE ☐ Change ☐ Addition ALBERTO, MALVISI NAME NAME STREET ADDRESS 12000 BISCAYNE BLVD #507 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33181 CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE ☐ Change Addition FAUSTO, CAPALBO NAME NAME STREET ADDRESS 12000 BISCAYNE BLVD #507 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33181 CITY-ST-7/P TDS TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CHIARATO, UGO V NAME STREET ADDRESS 12000 BISCAYNE BLVD #507 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33181 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered. 1900 Cent

SIGNATURE: \_

FILED