

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90092 001 \*\*\*511.25

**DOCUMENT # N93000003597**

1. Entity Name  
**MIAMI INTERNATIONAL CHAMBER OF COMMERCE, INC.**



Principal Place of Business  
**12000 BISCAYNE BLVD #507**  
**MIAMI, FL 33181 US**

Mailing Address  
**12000 BISCAYNE BLVD #507**  
**MIAMI, FL 33181 US**

000000701



2. Principal Place of Business - No P.O. Box #  
**9999 NE 2ND AVE**  
Suite, Apt. #, etc. **218**

3. Mailing Address  
Suite, Apt. #, etc.

03162008 Chg-NP CR2E037 (12/06)

City & State  
**MIAMI SHORES FL**  
Zip **33138** Country **USA**

City & State  
Zip Country

4. FEI Number  
**65-0502712**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CHIARATO, UGO V**  
**12000 BISCAYNE BLVD #507**  
**MIAMI FL 33181**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**9999 NE 2ND AVE # 218**  
City **MIAMI SHORES FL** Zip Code **33138**

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 *Ugo V Chiarato*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*(305) 899-5099*

DATE **04/10/08**

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make check payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>ALBERTO, MALVISI</b> <b>12000 BISCAYNE BLVD #507</b> <b>MIAMI FL 33181</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>FAUSTO, CAPALBO</b> <b>12000 BISCAYNE BLVD #507</b> <b>MIAMI FL 33181</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS <b>CHIARATO, UGO V</b> <b>12000 BISCAYNE BLVD #507</b> <b>MIAMI FL 33181</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>9999 NE 2ND AVE # 218</b> <b>MIAMI SHORES FL 33138</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>9999 NE 2AVE # 218</b> <b>MIAMI SHORES FL 33138</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>9999 NE 2AVE # 218</b> <b>MIAMI SHORES FL 33138</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ugo V Chiarato*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/10/08**

Date

**(305) 899-5099**

Daytime Phone #