

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002863

FILED
May 01, 2007
Secretary of State

Entity Name: MIAMI CARNIVAL BANDLEADERS ASSOCIATION INC.

Current Principal Place of Business:

1390 NW 200 STREET
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

1390 NW 200 STREET
MIAMI, FL 33169

New Mailing Address:

FEI Number: 65-0679089 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LIMERE, ALLISON
1390 N.W. 200 STREET
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LIMERE, ALLISON
Address: 1390 NW 200 STREET
City-St-Zip: MIAMI, FL 33169

Title: SD () Delete
Name: MONTES, CARL
Address: 5138 NW 194 LN
City-St-Zip: MIAMI, FL 33055

Title: TD () Delete
Name: ROBERTS, PATRICIA
Address: 585 NW 94TH STREET
City-St-Zip: MIAMI, FL 33150

Title: PRTD () Delete
Name: CHARLES, WAVENEY
Address: 590 NE 160 STREET
City-St-Zip: N MIAMI, FL 33162

Title: TD () Delete
Name: BROOKS, VERNON
Address: 10455 SW 146 TERRACE
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LIMERE, ALLISON
Address: 1390 NW 200 STREET
City-St-Zip: MIAMI, FL 33169

Title: D (X) Change () Addition
Name: MONTES, CARL
Address: 5138 NW 194 LN
City-St-Zip: MIAMI, FL 33055

Title: D (X) Change () Addition
Name: ROBERTS, PATRICIA
Address: 585 NW 94TH STREET
City-St-Zip: MIAMI, FL 33150

Title: D (X) Change () Addition
Name: CHARLES, WAVENEY
Address: 590 NE 160 STREET
City-St-Zip: N MIAMI, FL 33162

Title: D (X) Change () Addition
Name: BROOKS, VERNON
Address: 10455 SW 146 TERRACE
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify 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: ALLISON LIMERE

D

05/01/2007

Electronic Signature of Signing Officer or Director

Date