2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # N97000003778

1. Entity Name

COMMITTEE OF ONE HUNDRED OF MIAMI BEACH, INC.



Principal Place of Business

269 GIRALDA AVENUE

SUITE 302

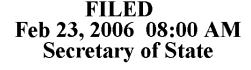
CORAL GABLES, FL 33134

Mailing Address

269 GIRALDA AVENUE

SUITE 302

CORAL GABLES, FL 33134





01192008 No Chg-NP

CR2E037 (11/05)

4. FEI Number 59-2020710 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORAL GABLES SECRETARIAL SERVICES C/O NANCY C. MORGAN 269 GIRALDA AVE., SUITE 302 CORAL GABLES, FL 33134

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the obligations of registered agent.		,
SIGNATURE Signature, 1900d or printed name of registered agent an	tite it approunds [NOTE: Registered Agent signature required when relinstating]	DATE
Filing Fee is \$81.25 Due by May 1, 2006	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	U00000444703 03/07/06-80012-023 61.25

5. The above named entity submits this statement for the ourspose of changing its registered office or registered agent, or both, in the State of Florida, I am familiar with, and accept

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10.	OFFICERS AND DIRECTORS	
TOTLE NAME STREET ADDRESS CITY-ST-ZIP	DP GALLAGHER, PHIL C 770 PALM BAY LANE, #8-F MIAMI, FL 33138	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	DV GRAMLING, FRANK R 200 SE 13TH ST FORT LAUDERDALE, FL 33316	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JACOBS, T. SINCLAIR 145 SE 25 RD., STE 31002 MIAMI, FL 33129	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SANFORD, DAVID 11111 BISCANYNE BLVD-#558 MIAMI, FL 33181	
TITLE NAME STREET ADDRESS CITY-ST-21P	DS STEIN, DOROTHY M 2222 PONCE DE LEON BLVD., STE. CORAL GABLES, FL 33134	* 210
TITLE NAME STREET ADDRESS CATY-ST-ZIP	DV MCDOUGAL III, ROBERT D 34 INDIAN CREEK ISLAND MIAMI, FL 33154	

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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 eleachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 19, 2006 305.774.717

rokgan