## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000003778

FILED Apr 26, 2007 Secretary of State

Entity Name: COMMITTEE OF ONE HUNDRED OF MIAMI BEACH, INC.

Current Principal Place of Business:				New Principal Place of Business:			
SUITE 302	LDA AVENUE 2 ABLES, FL 3:						
Current Mailing Address:				New Mailing Address:			
SUITE 302	LDA AVENUE 2 ABLES, FL 3:						
	: 59-2020710	FEI Number Applied Fo	or ( ) FEI Num	nber Not App	licable ( )	Certificate of Status D	esired ( )
Name and	l Address of	Current Registered Ag	jent:	Name and	Address	of New Registered Age	ent:
C/O NANC 269 GIRAL CORAL G	CY C. MORGA LDA AVE., SU ABLES, FL 3:	IITE 302 3134 US	5 N	<b>.</b>		d -65	
	e named entity e of Florida.	submits this statement	for the purpose of	r cnanging i	ts registere	d oπice or registered ag	jent, or both,
SIGNATUI							
	Electro	nic Signature of Registe	ered Agent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR			
Title: Name: Address: City-St-Zip:	DP () GALLAGHER, 770 PALM BA MIAMI, FL 33	Y LANE, #8-F		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address:	GRAMLING, F 200 SE 13TH			Title: Name: Address: City-St-Zip:	DP GRAMLING 200 SE 13T FORT LAUD		
		·					
City-St-Zip: Title: Name: Address:	DV ( JACOBS, T. S 145 SE 25 RD MIAMI, FL 33	)., STE 31002		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: City-St-Zip: City-St-Zip:	JACOBS, T. S 145 SE 25 RD MIAMI, FL 33 DT ( SANFORD, DA	NCLAIR 0., STE 31002 129 ) Delete AVID VYNE BLVD-#558		Name: Address:			
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	JACOBS, T. S 145 SE 25 RE MIAMI, FL 33  DT ( SANFORD, D/ 11111 BISCAI MIAMI, FL 33  DS ( STEIN, DORO 2222 PONCE	NCLAIR  D., STE 31002  129  ) Delete  AVID  NYNE BLVD-#558  181  X) Delete		Name: Address: City-St-Zip: Title: Name: Address:		( ) Change ( ) Addition	

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: FRANK R GRAMLING DP 04/26/2007