## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000006228

FILED Mar 31, 2008 Secretary of State

Entity Name: JUNIOR COTILLION OF GREATER MIAMI, INC.

**Current Principal Place of Business: New Principal Place of Business:** 6280 SUNSET DRIVE #502 SOUTH MIAMI, FL 33143 US **Current Mailing Address: New Mailing Address:** 6280 SUNSET DRIVE #502 SOUTH MIAMI, FL 33143 US FEI Number: 65-0757432 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: POLIAKOFF, JACQUELINE 4750 DAVIS ROAD MIAMI, FL 33143 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition POLIAKOFF, JACQUELINE Name: Name: Address: 4750 DAVIS ROAD Address: City-St-Zip: MIAMI, FL 33143 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LOZANO, NICOLE Name: Address: 830 LAKEVIEW DRIVE Address: City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: Title: () Delete Title: () Change () Addition VALOPPI, JENNIFER Name: Name: 4430 SABAL PALM ROAD Address: Address: City-St-Zip: MIAMI, FL 33137 City-St-Zip: Title: ( ) Delete Title: () Change () Addition OETERS, PHYLLIS Name: Name: Address: 6812 SAND VICENTE Address: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: Title: () Delete Title: () Change () Addition FREELAND, ALLISON Name: Name: 8901 HAMMOCK LAKE COURT Address: Address: City-St-Zip: CORAL GABLES, FL 33156 City-St-Zip: Title: () Delete Title: () Change () Addition SAYFIE-AAGARRD,, STEPANIE Name: Name: Address: 502 NE 94 STREET Address: MIAMI SHORES, FL 33137 City-St-Zip: City-St-Zip:

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: JACQUELINE POLIAKOFF PRES 03/31/2008