

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007092

FILED
Apr 29, 2007
Secretary of State

Entity Name: FLORIDA INTERNATIONAL CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

5571 MARQUESAS CIRCLE
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

5571 MARQUESAS CIRCLE
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 65-0805015

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, GARY P
5571 MARQUESAS CIRCLE
SARASOTA, FL 34233 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: HARRIS, CAROLYN J
Address: 4930 FALL CREST CIRCLE
City-St-Zip: SARASOTA, FL 34233

Title: VD () Delete
Name: HARRIS, GARY PETE
Address: 4930 FALL CREST CIRCLE
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HARRIS, CAROLYN J
Address: 4930 FALLCREST CIRCLE
City-St-Zip: SARASOTA, FL 34233

Title: VP (X) Change () Addition
Name: HARRIS, GARY PETE
Address: 4930 FALLCREST CIRCLE
City-St-Zip: SARASOTA, FL 34233

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: GARY PETE HARRIS

VP

04/29/2007

Electronic Signature of Signing Officer or Director

Date