

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 10, 2007
Secretary of State**

DOCUMENT# N98000002875

Entity Name: GREATER MIAMI RIVER FOUNDATION, INC.

Current Principal Place of Business:

1529 N.W. SOUTH RIVER DRIVE
MIAMI, FL 331252701

New Principal Place of Business:

Current Mailing Address:

1529 N.W. SOUTH RIVER DRIVE
MIAMI, FL 331252701

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ, NATALIE
C/O GLORIA ROA BODIN
2655 LEJEUNE RD # 1001
CORAL GABLES, FL 33134 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: BODIN, ERIC A
Address: 1529 N.W. SOUTH RIVER DRIVE
City-St-Zip: MIAMI, FL 331252701

Title: VD () Delete
Name: BENITEZ, JACKIE
Address: 18921 SW 122 AVENUE
City-St-Zip: MIAMI, FL 33177

Title: SD () Delete
Name: SANCHEZ, NATALIE
Address: 6636 SW 130 PLACE # 1311
City-St-Zip: MIAMI, FL 33183

Title: TD () Delete
Name: DMILITA, CARLOS
Address: 800 NE 195 STREET # 403
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ERCI BODIN

PD

04/10/2007

Electronic Signature of Signing Officer or Director

_____ Date