2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002875

FILED Apr 27, 2009 Secretary of State

Entity Name: GREATER MIAMI RIVER FOUNDATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 1529 N.W. SOUTH RIVER DRIVE MIAMI, FL 331252701 **Current Mailing Address: New Mailing Address:** 1529 N.W. SOUTH RIVER DRIVE MIAMI, FL 331252701 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SANCHEZ, NATALIE FILIPINAS, CYRIL C/O GLORÍA ROA BODIN C/O GLORIA ROA BODIN 2655 LEJEUNE RD # 1001 2655 LEJEUNE RD # 1001 CORAL GABLES, FL 33134 US CORAL GABLES, FL 33134 US 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: CYRIL FILIPINAS 04/27/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BODIN, ERIC A Name: Name: 1529 N.W. SOUTH RIVER DRIVE Address: Address: City-St-Zip: MIAMI, FL 331252701 City-St-Zip: Title: VD Title: (X) Change () Addition () Delete Name: BENITEZ, JACKIE Name: FILIPINAS, CYRIL Address: 15464 SW 171 STREET Address: 1160 NW NORTH RIVER DRIVE City-St-Zip: MIAMI, FL 33187 City-St-Zip: MIAMI, FL 33136 Title: (X) Delete Title: () Change () Addition FILIPINAS, CYRIL Name: Name: 1160 NW NORTH RIVER DRIVE Address: Address: City-St-Zip: MIAMI, FL 33136 City-St-Zip: Title: TD (X) Delete Title: () Change () Addition Name: DMILITA, CARLOS Name: Address: 800 NE 195 STREET # 403 Address: City-St-Zip: MIAMI, FL 33179 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: GLORIA ROA BODIN D 04/27/2009