


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000003966
1. Entity Name
NORTH MIAMI BEACH CHAMBER OF COMMERCE, INC.



Principal Place of Business Mailing Address
1870 NE 171 STREET 1870 NE 171 STREET
N MIAMI BEACH, FL 33162 N MIAMI BEACH, FL 33162



02072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-0794687 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MANSDORF, ABRAHAM B
17971 BISCAYNE BLVD #211
AVENTURA, FL 33160

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TEMPLER, PAUL
STREET ADDRESS	8811 CLEARY BLVD
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	P
NAME	MARCUS, STAN
STREET ADDRESS	800 NE 199 ST D205
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162
TITLE	D
NAME	ADGER, ELLIS
STREET ADDRESS	9250 W FLAGLER ST
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	D
NAME	MARCUS, STAN
STREET ADDRESS	800 NE 199 ST D205
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	D
NAME	SNYDER, MICHAEL
STREET ADDRESS	20803 BISE BLVD #200
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	D
NAME	CHERNOFF, JAY
STREET ADDRESS	2875 NE 191 ST
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180

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04/18/05-20062-014 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: 4-1-05 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR