

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 27, 2007
Secretary of State**

DOCUMENT# N98000004899

Entity Name: GREATER MIAMI CHAPTER OF NIGP, INC.

Current Principal Place of Business:

776 NE 125TH ST
3RD FLOOR
NORTH MIAMI, FL 33161 US

New Principal Place of Business:

Current Mailing Address:

776 NE 125TH ST
3RD FLOOR
NORTH MIAMI, FL 33161 US

New Mailing Address:

FEI Number: 52-2124848 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FALESTRA, DEBBIE
776 NE 125TH ST
3RD FLOOR
NORTH MIAMI, FL 33161 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: BLAINE, TOM
Address: 111 NW 1ST STREET, 13TH FLOOR
City-St-Zip: MIAMI, FL 33128

Title: VD () Delete
Name: FALESTRA, DEBBIE
Address: 776 NE 125TH ST
City-St-Zip: NORTH MIAMI, FL 33161 US

Title: SD () Delete
Name: SUAREZ, MARITZA
Address: 444 SW 2ND AVENUE, 6TH FLOOR
City-St-Zip: MIAMI, FL 33130

Title: TD () Delete
Name: LUCAS, NIRHMALA
Address: 9300 NW 41 ST
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BLAINE, TOM
Address: 1611 NW 12 AVENUE, HOLTZ CENTER B069
City-St-Zip: MIAMI, FL 33136

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 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: DEBBIE FALESTRA

VD

04/27/2007

Electronic Signature of Signing Officer or Director

Date