

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000008784

**Entity Name:** MIAMI BUSINESS REFERRAL NETWORK, CORP.

**FILED**  
**Apr 29, 2016**  
**Secretary of State**  
**CC5927236643**

**Current Principal Place of Business:**

3399 PONCE DE LEON BLVD  
STE 202  
CORAL GABLES, FL 33134

**Current Mailing Address:**

3399 PONCE DE LEON BLVD  
STE 202  
CORAL GABLES, FL 33134 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FLANAGAN, JEFFREY M  
3399 PONCE DE LEON BLVD  
STE 202  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name FLANAGAN, JEFFREY M  
Address 3399 PONCE DE LEON BLVD, STE 202  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name GOLDSTEIN, HOWARD D  
Address 3399 PONCE DE LEON BLVD, STE 202  
City-State-Zip: CORAL GABLES FL 33134

Title S  
Name IGLESIAS, DAVID D  
Address 3399 PONCE DE LEON BLVD, STE 202  
City-State-Zip: CORAL GABLES FL 33134

Title T  
Name IGLESIAS, DAVID D  
Address 3399 PONCE DE LEON BLVD, STE 202  
City-State-Zip: CORAL GABLES FL 33134

*I hereby 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 all other like empowered.*

**SIGNATURE: JEFFREY M FLANAGAN**

**P**

**04/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date