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**REGISTERED AGENT  
STATEMENT OF APPOINTMENT**

(Section 106.022, F.S.)

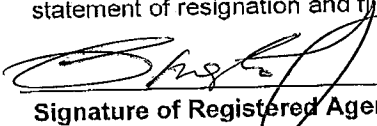
OFFICE USE ONLY  
11 AUG 10 PM 12:15  
PRISCILLA MATTHEWSON  
CITY CLERK  
CITY OF MIAMI FL

- Original Appointment
- Change of Appointment
- Change of Mailing Address
- Change of Physical Address

**Registered Agent and Office Information**

Name Ernesto Martinez Jr.		Telephone 305-446-0702
Street Address 2655 Lejuene RD Ste 323		
City Coral Gables	State FL	Zip Code 33134
Mailing Address 2655 Lejuene Rd Ste 323		
City Coral Gables	State FL	Zip Code 33134

I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the applicable filing officer.

  
Signature of Registered Agent


8/9/11  
Date

**Former Registered Agent and Office Information (for changes only)**

Name		Telephone
Street Address		
City	State	Zip Code

**Committee or Organization Information**

Name of Committee or Organization Miamian's for Honest and Responsible Government		
Street Address 1145 Belle Meade Island Drive		Telephone 786-412-3645
City Miami	State FL	Zip Code 33138

  
Signature of Chairperson

Deborah Pierson  
Printed Name of Chairperson

8-10-11  
Date

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CITY OF MIAMI, FL

# ELECTIONEERING COMMUNICATION STATEMENT OF ORGANIZATION

(PLEASE TYPE)

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<b>1. Full Name of Organization</b> Miamian's for Honest and Responsible Government	Telephone 786-412-3645
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Mailing Address (include city, state and zip code)  
1145 Belle Meade Island Drive Miami Florida 33138

Street Address (include city, state and zip code)  
1145 Belle Meade Island Drive Miami Florida 33138

## 2. Affiliated or Connected Organizations

Name of Affiliated or Connected Organization	Mailing Address	Relationship
N/A		

**3. Area, Scope and Jurisdiction of the Organization**  
City of Miami

## 4. Identify by Name, Address & Position, the Custodian of Books & Accounts for the Organization

Full Name	Mailing Address	Street Address	Title or Position
Ernesto Martinez	2655 Lejuene Rd Ste 323 Coral Gables FL 33134	2655 Lejuene Rd Ste 323 Coral Gables FL 33134	Treasurer

**5. This Organization was formed (check applicable box):** (Calendar quarters end the last day of March, June, September, and December.)

As a newly created organization during the current calendar quarter.

From an organization existing prior to the current calendar quarter.

**6. List By Name, Mailing and Street Address, & Position, Other Principal Officers, including the treasurer and deputy treasurer, if any. Include the top-ranking officer's (e.g., chairperson) name and information.**

Full Name	Mailing Address	Street Address	Title or Position
Ernesto Martinez	2655 Lejuene Rd Ste 323 Coral Gables FL 33134	2655 Lejuene Rd Ste 323 Coral Gables FL 33134	Treasurer
Deborah Pierson	1145 Belle Meade Island Drive Miami FL 33138	1145 Belle Meade Island Drive Miami FL 33138	Chairperson

**7. In the Event of Dissolution, What Disposition will be Made of the Residual Funds?**

Return to contributors Pro-Rata or donated to 501 (c) (3)

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**8. List All Banks, Safety Deposit Boxes, or Other Depositories Used by this Organization for Election or Campaign Communications**

Name of Bank or Depository	Mailing Address
Continental National Bank	1801 SW 1 Street Miami FL. 33135

**9. List All Reports Required to be Filed by this Organization with Federal Officials, & the Names, Addresses, & Positions of Such Officials, If Any**

Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
N/A			

STATE OF Florida \_\_\_\_\_ Miami-Dade \_\_\_\_\_ COUNTY

I, Deborah Pierson, certify that the information in this Statement of

Organization is complete, true, and correct.

X Deborah Pierson  
 Signature of Top-ranking Principal Officer of Organization

8-10-11  
 Date