

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11621

FILED  
Apr 04, 2007  
Secretary of State

Entity Name: MIAMI-DADE AUTO TAG ASSOCIATION, INC.

**Current Principal Place of Business:**

18655 S DIXIE HWY  
MIAMI, FL 33157 US

**New Principal Place of Business:**

**Current Mailing Address:**

18655 S DIXIE HWY  
MIAMI, FL 33157 US

**New Mailing Address:**

FEI Number: 59-2601784      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

VIESCA, JOSEPH  
18655 S DIXIE HWY  
MIAMI, FL 33157 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: C ( ) Delete  
Name: SOROSKY, EUGENE E.,  
Address: 1375 NW 36TH STREET  
City-St-Zip: MIAMI, FL

Title: PD ( ) Delete  
Name: DE LA VIESCA, JOSEPH  
Address: 18655 S DIXIE HWY  
City-St-Zip: MIAMI, FL 33157

Title: VD ( ) Delete  
Name: DE OROZCO, MARIA  
Address: 1550 W 84 ST SUITE 75  
City-St-Zip: HIALEAH, FL 33014

Title: TD ( ) Delete  
Name: COLE, PAC,  
Address: 11287 S DIXIE HWY  
City-St-Zip: MIAMI, FL

Title: VD ( ) Delete  
Name: COWART, LON,  
Address: 20-B WEST 49TH ST.  
City-St-Zip: HIALEAH, FL

Title: SD ( ) Delete  
Name: FERRAND, MARY  
Address: 30708 S FEDERAL HWY  
City-St-Zip: HOMESTEAD, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: PAC COLE

TD

04/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date