## 2007 NOT-FOR-PROFIT CORPORATION -- ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # N28570**

1. Entity Name

ATTÓRNEYS REAL ESTATE COUNCIL OF DADE COUNTY, INC.



FILED Jan 09, 2007 08:00 AN Secretary of State

Principal Place of Business

9200 SO DADELAND BLVD

SUITE 308

MIAMI, FL 33156 US

Mailing Address

9200 SO DADELAND BLVD

SUITE 308

MIAMI, FL 33156 US



01032007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-0073569 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZIMMETT BLAIR I 9200 SO DADELAND BLVD SUITE 308 MIAMI, FL 33156

## DO NOT WRITE IN THIS SPACE

<ol> <li>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.</li> </ol>		
SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE. Registered Agent signature required when reinstating)  DATE		
	Filing Fee is \$61.25  Due by May 1, 2007  9. Election Campaign Finan Trust Fund Contribution.	cing \$5.00 May Be ☐ Added to Fees
10.	OFFICERS AND DIRECTORS	
TITLE	TD HANAFOURDE, BRADLEY 9200 SOUTH DADELAND BLVD, SUITE 308 MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIMMETT, CRAIG 9200 SO DADELAND BLVD, SUITE 308 MIAMI, FL	U00000580419 01/10/07-80046-015 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCAS, GEORGE 7875 BIRD RD #228 MIAMI, FL 33155	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRICE, IRA 9100 S. DADELAND BLVD. #1701 MIAMI, FL 33156	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS CITY+ST-ZIP	The state of the s	A Contract of the second secon
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/07 305 661 0425