2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2009
Secretary of State

DOCUMENT# N93000000629

Entity Name: ECONOMIC DEVELOPMENT COUNCIL OF SOUTH MIAMI-DADE, INC.

Current Principal Place of Business:

900 PERRINE AVE.
PALMETTO BAY, FL 33157 US

New Principal Place of Business:

Current Mailing Address:

900 PERRINE AVE.
PALMETTO BAY, FL 33157 US

New Mailing Address:

FEI Number: 65-0407832 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PARLATO, HERBERT
900 PERRINE AVE.
PALMETTO BAY, 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: D ( ) Delete
Name: BREDER, JOHN
Address: 9861 SW 184 ST
City-St-Zip: MIAMI, FL 33157

Title: C ( ) Delete
Name: NEIDHART, PAUL
Address: 16115 SW 117TH AVE #10
City-St-Zip: MIAMI, FL 33177

Title: C ( ) Delete
Name: GREER, LIS
Address: 28801 SW 157 AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: P ( ) Delete
Name: PARLATO, HERBERT
Address: 900 PERRINE AVENUE
City-St-Zip: PALMETTO BAY, FL 33157

Title: D ( ) Delete
Name: MASSO, JOYCE
Address: 18131 98 AVENUE ROAD
City-St-Zip: PALMETTO BAY, FL 33157

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:

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: HERBERT PARLATO P 05/08/2009

Electronic Signature of Signing Officer or Director — Date