

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90055 019 \*\*\*158.75



**DOCUMENT # 285570**  
 1. Entity Name  
**SOUTH DADE PROPERTIES, INC.**

Principal Place of Business: **129 N.E. 8TH STREET, HOMESTEAD FL 33030 US**  
 Mailing Address: **129 N.E. 8TH STREET, HOMESTEAD FL 33030 US**

2. Principal Place of Business: **129 NE 8TH ST.**  
 Suite, Apt. #, etc.: **-**  
 3. Mailing Address: **SAME**  
 Suite, Apt. #, etc.: **-**

City & State: **Hollywood, Fla.**  
 City & State: **-**

Zip: **33030** Country: **U.S.A.**  
 Zip: **-** Country: **-**

MOORE CR2E034 (11/03)

4. FEI Number: **59-1084130**  
 Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PICCINI, ALFREDO**  
**6600 CASTANEDA AVE**  
**CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent  
 Name: **SAME**  
 Street Address (P.O. Box Number is Not Acceptable): **-**  
 City: **-** **FL** Zip Code: **-**

8. 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.

SIGNATURE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS |                       |                                 |
|----------------------------|-----------------------|---------------------------------|
| TITLE                      | PD                    | <input type="checkbox"/> Delete |
| NAME                       | PICCINI, ALFREDO      |                                 |
| STREET ADDRESS             | 6600 CASTANEDA AVE    |                                 |
| CITY-ST-ZIP                | CORAL GABLES 33146    |                                 |
| TITLE                      | ST                    | <input type="checkbox"/> Delete |
| NAME                       | PICCINI, CELINA       |                                 |
| STREET ADDRESS             | 6600 CASTANEDA        |                                 |
| CITY-ST-ZIP                | CORAL GABLES FL 33146 |                                 |
| TITLE                      | TR                    | <input type="checkbox"/> Delete |
| NAME                       | PICCINI, DORA         |                                 |
| STREET ADDRESS             | 6600 CASTANEDA AVE    |                                 |
| CITY-ST-ZIP                | CORAL GABLES FL 33146 |                                 |
| TITLE                      |                       | <input type="checkbox"/> Delete |
| NAME                       |                       |                                 |
| STREET ADDRESS             |                       |                                 |
| CITY-ST-ZIP                |                       |                                 |
| TITLE                      |                       | <input type="checkbox"/> Delete |
| NAME                       |                       |                                 |
| STREET ADDRESS             |                       |                                 |
| CITY-ST-ZIP                |                       |                                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |   |
|---|--|---|
| TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  |   |
| STREET ADDRESS  |  |   |
| CITY-ST-ZIP   |  |   |
| TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  |   |
| STREET ADDRESS  |  |   |
| CITY-ST-ZIP   |  |   |
| TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  |   |
| STREET ADDRESS  |  |   |
| CITY-ST-ZIP   |  |   |
| TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  |   |
| STREET ADDRESS  |  |   |
| CITY-ST-ZIP   |  |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: Alfredo Piccini **ALFREDO PICCINI** 1-27-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #