


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 08:00 A**  
**Secretary of State**

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



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

**DO NOT WRITE IN THIS SPACE**



01092007    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 59-1084130      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

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$350.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	PICCINI, ALFREDO
STREET ADDRESS	6600 CASTANEDA AVE
CITY-ST-ZIP	CORAL GABLES, 33146
TITLE	ST
NAME	PICCINI, CELINA
STREET ADDRESS	6600 CASTANEDA
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	TR
NAME	PICCINI, DORA
STREET ADDRESS	6600 CASTANEDA AVE
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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**    1-9-07    305-2489000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #