


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90018 029 ***150.00

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
------------------------------------------------------------------------------	------------------------------------------------------------------



04102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1084130	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

**DO NOT WRITE
IN THIS SPACE**

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 Alfredo Piccini (NOTE: Registered Agent signature required when reissuing) DATE 4-15-08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
-------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PICCINI, ALFREDO 6600 CASTANEDA AVE CORAL GABLES, 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PICCINI, CELINA <u>Celia</u> 6600 CASTANEDA CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR PICCINI, DORA 6600 CASTANEDA AVE CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 4-15-08 305-248-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #