## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 707490**

FILED Apr 23, 2007 Secretary of State

Entity Name: REALTOR ASSOCIATION OF MIAMI-DADE COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

245 ALCAZAR AVE. CORAL GABLES, FL 33134

Current Mailing Address: New Mailing Address:

245 ALCAZAR AVE. CORAL GABLES, FL 33134

FEI Number: 59-0977630 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BULLMAN, MARTHA J. 245 ALCAZAR AVE. CORAL GABLES, FL 33134

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:

Flacture is Circulated at Devictor of Assert

Electronic Signature of Registered Agent

US

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: EVP ( ) Delete Title: CEO (X) Change ( ) Addition Name: BULLMAN, MARTHA J Name: BULLMAN, MARTHA J Address: 245 ALCAZAR AVE. BULLMAN, MARTHA J 245 ALCAZAR AVE.

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134

 Title:
 PD () Delete
 Title:
 STD (X) Change () Addition

 Name:
 DIAZ, NORKA
 Name:
 DIAZ, NORKA

 Address:
 134 E 49 ST
 Address:
 134 E 49 ST

Address: 134 E 49 ST Address: 134 E 49 ST City-St-Zip: HIALEAH, FL 33013 City-St-Zip: HIALEAH, FL 33013

Title: ( ) Delete Title: PED (X) Change ( ) Addition GARCIA-SARRAFF, JORGE GARCIA-SARRAFF, JORGE Name: Name: 2100 PONCE DE LEON BLVD #601 2100 PONCE DE LEON BLVD #601 Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134

Title: PED ( ) Delete Title: PD (X) Change ( ) Addition

Name: MESA, REI Name: MESA, REI

Address: 806 DOUGLAS ENTRANCE #100 Address: 806 DOUGLAS ENTRANCE #100 City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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: MARTHA J BULLMAN CEO 04/23/2007