




2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

07-14-2008 90026 008 ****61.25

DOCUMENT # 723568 1. Entity Name DADE HERITAGE TRUST, INC.																																																																																																																																			
Principal Place of Business 190 S.E. 12TH TERRACE MIAMI, FL 33131			Mailing Address 190 S.E. 12TH TERRACE MIAMI, FL 33131																																																																																																																																
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																																	
City & State		City & State		4. FEI Number 59-2194849																																																																																																																															
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent MATKOV, BECKY ROPER 190 SE 12TH TERRACE MIAMI, FL 33131				7. Name and Address of New Registered Agent Name 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																			
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																															
Make check payable to Florida Department of State		TO OFFICERS AND DIRECTORS IN 10																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. TO OFFICERS AND DIRECTORS IN 10</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">PTP</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">TP</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>PRUITT, JUDY</td> <td></td> <td>NAME</td> <td>Alvarez, Walter</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>837 NAVARRE AVE</td> <td></td> <td>STREET ADDRESS</td> <td>9200 SW 92nd Court</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL GABLES, FL 33134</td> <td></td> <td>CITY-ST-ZIP</td> <td>Miami, FL 33176</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TS</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> <td>TITLE</td> <td>TS</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>FURNESS, AMY</td> <td></td> <td>NAME</td> <td>W. Robert Smith</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7530 COQUINA DR.</td> <td></td> <td>STREET ADDRESS</td> <td>230 NE 94th Street</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI BEACH, FL 33141</td> <td></td> <td>CITY-ST-ZIP</td> <td>Miami Shores, FL 33138</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TVP</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>TVP</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>ALVAREZ, WALTER</td> <td></td> <td>NAME</td> <td>Bertram J. "Chico", Goldsmith</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9200 SW 92ND COURT</td> <td></td> <td>STREET ADDRESS</td> <td>13035 Nevada St.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33176</td> <td></td> <td>CITY-ST-ZIP</td> <td>Coral Gables, FL 33156</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TT</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>TT</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>RYAN, HUGH</td> <td></td> <td>NAME</td> <td>Ryan, Hugh</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1320 SW 13TH AVE</td> <td></td> <td>STREET ADDRESS</td> <td>1320 SW 13th Ave.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33135</td> <td></td> <td>CITY-ST-ZIP</td> <td>Miami, FL 33135</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						10. OFFICERS AND DIRECTORS			11. TO OFFICERS AND DIRECTORS IN 10			TITLE	PTP	<input checked="" type="checkbox"/> Delete	TITLE	TP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	PRUITT, JUDY		NAME	Alvarez, Walter		STREET ADDRESS	837 NAVARRE AVE		STREET ADDRESS	9200 SW 92 nd Court		CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	Miami, FL 33176		TITLE	TS	<input checked="" type="checkbox"/> Delete	TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	FURNESS, AMY		NAME	W. Robert Smith		STREET ADDRESS	7530 COQUINA DR.		STREET ADDRESS	230 NE 94th Street		CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP	Miami Shores, FL 33138		TITLE	TVP	<input type="checkbox"/> Delete	TITLE	TVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	ALVAREZ, WALTER		NAME	Bertram J. "Chico", Goldsmith		STREET ADDRESS	9200 SW 92ND COURT		STREET ADDRESS	13035 Nevada St.		CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP	Coral Gables, FL 33156		TITLE	TT	<input type="checkbox"/> Delete	TITLE	TT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	RYAN, HUGH		NAME	Ryan, Hugh		STREET ADDRESS	1320 SW 13TH AVE		STREET ADDRESS	1320 SW 13 th Ave.		CITY-ST-ZIP	MIAMI, FL 33135		CITY-ST-ZIP	Miami, FL 33135		TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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 617, 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:  Walter Alvarez, President 7/9/08 305-459-8411 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																			