

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90208 002 \*\*\*\*61.25

**DOCUMENT # 734107**

1. Entity Name  
**NORTHWESTERN DADE ASSOCIATION OF REALTORS,  
INC.**



Principal Place of Business  
**415 W. 51ST PL.  
HIALEAH, FL 33012**

Mailing Address  
**415 W. 51ST PL.  
HIALEAH, FL 33012**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02232005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-0904809**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUIZ, ANGELA R  
415 W. 51ST PL.  
HIALEAH, FL 33012**

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

*Angela R. Ruiz*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-24-05**

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **EO** ☐ Delete  
NAME **RUIZ, ANGELA R**  
STREET ADDRESS **415 W. 51ST PL**  
CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☒ Delete  
NAME **LANDRIAN, LUIS**  
STREET ADDRESS **15770 SW 42 TE**  
CITY-ST-ZIP **MIAMI, FL 33185**

TITLE **PD** ☒ Change ☐ Addition  
NAME **Macias, Vivian**  
STREET ADDRESS **3295 W 4th Ave**  
CITY-ST-ZIP **Hialeah, FL 33012**

TITLE **TD** ☒ Delete  
NAME **HERNANDEZ, MERCEDES**  
STREET ADDRESS **15110 FALKIRK PL**  
CITY-ST-ZIP **MIAMI LAKES, FL 33016**

TITLE **TD** ☐ Change ☒ Addition  
NAME **Fortich, Jorge**  
STREET ADDRESS **1800 W. 49th St #307**  
CITY-ST-ZIP **Hialeah, FL 33012**

TITLE **VPD** ☐ Delete  
NAME **MACIAS, VIVIAN**  
STREET ADDRESS **3295 WEST 4TH AVE.**  
CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE **VPD** ☐ Change ☒ Addition  
NAME **Gomez, Maria E.**  
STREET ADDRESS **730 SE 8th St #105**  
CITY-ST-ZIP **Hialeah, FL 33010**

TITLE **SD** ☒ Delete  
NAME **DAGNESSES, MELBA**  
STREET ADDRESS **8275 WEST 12 AVE.**  
CITY-ST-ZIP **HIALEAH, FL 33014**

TITLE **SD** ☐ Change ☒ Addition  
NAME **Peralta, Angel**  
STREET ADDRESS **5901 NW 151 St #213**  
CITY-ST-ZIP **Miami Lakes, FL 33014**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

*Angela R. Ruiz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-24-05**

**305-557-1400**