

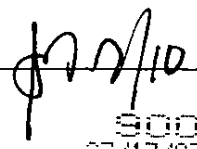
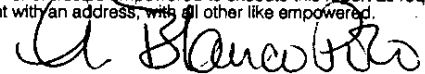


# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 734107</b> 1. Entity Name <b>NORTHWESTERN DADE ASSOCIATION OF REALTORS, INC.</b>						<b>FILED</b> <b>07 JUL -9 PM 12: 43</b> STATE HIALEAH, FLORIDA	
Principal Place of Business <b>415 W. 51ST PL. HIALEAH, FL 33012</b>		Mailing Address <b>415 W. 51ST PL. HIALEAH, FL 33012</b>					
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 <b>59-0904809</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent <b>SEVILLANO, MARIA C ED.D 415 W. 51ST PL. HIALEAH, FL 33012</b>				7. Name and Address of New Registered Agent Name <b>Annie Blanco-Polo</b> Street Address (P.O. Box Number is Not Acceptable) <b>415 W 51st PL SUITE 200</b> City <b>Hialeah</b> <b>FL</b> Zip Code <b>33012</b>			
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 <b>Annie Blanco-Polo</b> ✓				<b>4/27/07</b>		DATE	
<b>Amended AR is \$81.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AE</b> <b>SEVILLANO, MARIA C ED. D.</b> <b>415 W. 51ST PL SUITE 200</b> <b>HIALEAH, FL 33012</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AE</b> <b>Annie Blanco-Polo</b> <b>415 W 51st PL SUITE 200</b> <b>Hialeah FL 33012</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BRACKETT, MARIA E</b> <b>15271 NW 60 AVE., SUITE 107</b> <b>MIAMI LAKES, FL 33014</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>VALDES, RAFAEL</b> <b>15271 NW 60 AVE., SUITE 107</b> <b>MIAMI LAKES, FL 33014</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>800106259799</b> <b>07/17/07--01020--016 **\$1.25</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PE</b> <b>DE LA FE, GEORGE</b> <b>6135 NW 167 ST. #E 23</b> <b>MIAMI LAKES, FL 33015</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>RODRIGUEZ, MANUEL OSCAR</b> <b>419 W. 49 ST. UN # 105</b> <b>HIALEAH, FL 33015</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 		<b>4/27/07</b>		<b>305-557-1400</b>		Date Daytime Phone #	