

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 22, 2008
Secretary of State

DOCUMENT# 734107

Entity Name: NORTHWESTERN DADE ASSOCIATION OF REALTORS, INC.**Current Principal Place of Business:**415 W. 51ST PL.
HIALEAH, FL 33012**New Principal Place of Business:****Current Mailing Address:**415 W. 51ST PL.
HIALEAH, FL 33012**New Mailing Address:****FEI Number:** 59-0904809**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**BLANCO-POLO, ANNIE
415 W. 51ST PL.
SUITE 200
HIALEAH, FL 33012 US**Name and Address of New Registered Agent:**VALDES, RAFAEL
415 W. 51ST PL.
SUITE 200
HIALEAH, FL 33012 US

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: RAFAEL VALDES

10/22/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: AE () Delete
Name: BLANCO-POLO, ANNIE
Address: 415 W. 51ST PL SUITE 200
City-St-Zip: HIALEAH, FL 33012

Title: P () Delete
Name: GONZALEZ, JUANA M
Address: 4180 E. 4TH AVENUE
City-St-Zip: HIALEAH, FL 33013

Title: T PE () Delete
Name: VALDES, RAFAEL
Address: 15271 NW 60 AVE., SUITE 107
City-St-Zip: MIAMI LAKES, FL 33014

Title: S (X) Delete
Name: REVUELTAS, JESSIE
Address: 12365 PEMBROKE RD
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VALDES, RAFAEL
Address: 1851 W 72 ST
City-St-Zip: HIALEAH, FL 33014

Title: T PE (X) Change () Addition
Name: HERRERO, SILVIA
Address: 890 E 38 ST
City-St-Zip: HIALEAH, FL 33013

Title: S (X) Change () Addition
Name: CEDRON, FABIOLA
Address: 543 HUNTING LODGE
City-St-Zip: MIAMI SPRING, FL 33166

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RAFAEL VALDES

P

10/22/2008

Electronic Signature of Signing Officer or Director

Date