

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Oct 08, 2010
Secretary of State**

DOCUMENT# 734107

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

10/08/2010

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**Title: P
Name: BRACKETT, MARIA E
Address: 8296 W 18 AVE
City-St-Zip: HIALEAH, FL 33014Title: PE
Name: GONZALEZ, JUANA M
Address: 648 E 28 ST
City-St-Zip: HIALEAH, FL 33013Title: T
Name: MACIAS, VIVIAN
Address: 8355 NE 158 TE
City-St-Zip: MIAMI, FL 33016Title: S
Name: LANDRIAN, LUIS
Address: 15770 SW 42 TE
City-St-Zip: MIAMI, FL 33185Title: PP
Name: HERRERO, SILVIA M
Address: 890 E 38 ST
City-St-Zip: HIALEAH, FL 33013

I hereby 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 all other like empowered.

SIGNATURE: MARIA ELENA BRACKETT

P

10/08/2010

Electronic Signature of Signing Officer or Director_____
Date