

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2007 08:00 A
Secretary of State


DOCUMENT # 748050
 1. Entity Name
SOUTH DADE SOBRIETY GROUP, INC.



Principal Place of Business
 20325 OLD CUTLER RD
 MIAMI, FL 33189

Mailing Address
 20325 OLD CUTLER RD
 MIAMI, FL 33189

DO NOT WRITE IN THIS SPACE



05192007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2671500	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CANFIELD, CHARLES R
 6646 SW 63 TER
 MIAMI, FL 33143

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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: Charles R. Canfield
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	BURNS, GLORIA H
STREET ADDRESS	9530 APRIL RD.
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	STD
NAME	SOBEL, SHELDON
STREET ADDRESS	5866 SW 108 ST.
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	PD
NAME	TETER, PATRICIA K
STREET ADDRESS	10945 SW 158 TERR
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 06/01/07-80002-001 61.25

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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: [Signature] 5/19/07 238-6451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #