FILED Apr 27, 2005 8:00 am Secretary of State 04-27-2005 90313 028 ****70.00

2005	NOT-FOR-PROFIT CORPORATION
	ANNUAL REPORT

DOCUMENT #757211

1. Entity Nam DADE EN CORPOR	//PLOYM	ENT AND ECC	NOMIC DE	VELOPMEN	т								
Principal Place of Business 105 SE 12 AVENUE HOMESTEAD, FL 33030 US			105 5	Mailing Address 105 SE 12 AVENUE HOMESTEAD, FL 33030 US							I) B II B (B II B 1 S II B II	211 81 6 1 1 88 1	
2. Principal P	Place of Busin	ness	3. Maili	ng Address									
Suite, Apt.	#, etc.		Sui	te, Apt. #, etc.			0	1102005	Chg-NP	CR2E	037 (10/03)		
City & State			City	City & State				4. FE! Number Applied For 59-2136202 Not Applied by Not Applied Por					
Zip		Country	Zip		Cou	intry	5.	Certificate o	of Status Desire	d I	\$8.75 Add Fee Require	ditional d	
	6. Name	and Address of Cu	rrent Registere	d Agent			7.	Name and	Address of Nev	w Registered	Agent		
VICKERS, 105 SE 12						Name Street Addre	ess (P.O.	E M Box Number	r is Not Accepta	igms able)			
HOMESTE	EAD, FL 3	3030				11	80	N.U	1. 50	571	eet		
						City /	م م ن	n i		F	Zip Cod	5127	
	named entit	y submits this statem Pered agent.	nent for the purpo	ose of changing its	registere	ed office or reg	gistered a	gent, or both	n, in the State of	Florida. I ar	n familiar with,	and accept	
SIGNATURE .	Ti	elio-	m Z	الممال	Ĺa					4	1/22/0	<u></u>	
	Signature, typed	or printed name of registere	ed agent and title if appl	icable. (NOT	E: Registered	d Agent signature rec	equired when	reinstating)		DATE	-		
		e is \$61.25 May 1, 2005		9. Election Car Trust Fund (.00 May Beled to Fees	F		ck payable t artment of S		
10.		flay 1, 2005	ND DIRECTORS				Add	led to Fees	F NGES TO OFFI	lorida Depa	artment of S	tat e	
TITLE NAME	CD WILLIAM	OFFICERS AF	ND DIRECTORS		11. TITLE	ion.	Add	led to Fees	F	lorida Depa	artment of S	tat e	
TITLE	CD CD	Aay 1, 2005 OFFICERS AF S, LILLIE M 50 ST	ND DIRECTORS	Trust Fund (11. TITLE NAMI	ion.	Add	led to Fees	F	lorida Depa	PIRECTORS IN	tate	
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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:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

Date

Date

Date

Description

Descript