

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 08:00 AM
Secretary of State

DOCUMENT # 758661

1. Entity Name
CITIZENS OF DADE UNITED, INCORPORATED



Principal Place of Business
35 NE 80 TERR APT 1
MIAMI, FL 33138 US

Mailing Address
P.O. BOX 141655
CORAL GABLES, FL 33114 US

DO NOT WRITE IN THIS SPACE



05012006 No Chg-NP

CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHERA, E
35 NE 80 TERR APT 1
MIAMI, FL 33138

DO NOT WRITE
IN THIS SPACE

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

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 May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHAFFER, EMMY
STREET ADDRESS	35 N.E. 80 TERR.
CITY-ST-ZIP	MIAMI, FL
TITLE	VSD
NAME	SCHERA, E.
STREET ADDRESS	35 N.E. 80 TERRACE
CITY-ST-ZIP	MIAMI, FL
TITLE	TD
NAME	SCHERA, A.
STREET ADDRESS	35 N.E. 80 TERRACE
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	DIAZ, JUAN
STREET ADDRESS	13 S. ROYAL POINCIANA BL
CITY-ST-ZIP	MIAMI SPRINGS, FL
TITLE	D
NAME	WILLIAMS, J
STREET ADDRESS	1621 N.W. 60 STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000564148
05/20/06-80043-010 61.25

DO NOT WRITE
IN THIS SPACE

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:

E. Schera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY-1-06 (305) 226-0199

Date

Daytime Phone #