2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2007 8:00 am
Secretary of State
05-03-2007 90071 028 ****61.25

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DOCUMENT # 758661

1. Entity Name
CITIZENS OF DADE UNITED, INCORPORATED

66019588

Principal Place of Business	Mailing Address
~~35 NE 80 TERR APT 1~~ ~~MIAMI, FL 33138 US~~	P.O. BOX 141655 CORAL GABLES, FL 33114 US

04292007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. 13677 - 150 CT.	Suite, Apt. #, etc.
City & State JUPITER, FLA., 33478	City & State
Zip 33478 Country U.S.A.	Zip Country

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	7. Name and Address of New Registered Agent
~~SCHERA, E~~ ~~35 NE 80 TERR APT 1~~ ~~MIAMI, FL 33138~~	Name BENSON, M. Street Address (P.O. Box Number is Not Acceptable) 13677 - 150 CT. City JUPITER, FLA. 33478 Zip Code 33478

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 Ellenda Benson JUN. 16 ~~APR 30~~ 2007
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHAFER, EMMY ~~35 N.E. 80 TERR.~~ ~~MIAMI, FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD EMMY SHAFER 8907 NE PRESCOTT ST. PORTLAND, OR.97220	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD SCHERA, E. ~~35 N.E. 80 TERRACE~~ ~~MIAMI, FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD SCHERA, E. 8907 NE PRESCOTT ST. PORTLAND, OR.97220	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SCHERA, A. ~~35 N.E. 80 TERRACE~~ ~~MIAMI, FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SCHERA, A. 8907 NE PRESCOTT ST. PORTLAND,OR.97220	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~DIAZ, JUAN~~ ~~13 S. ROYAL POINCIANA BL~~ ~~MIAMI SPRINGS, FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENSON, M. 13677 - 150 CT.N. JUPITER, FLA. 33478	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, J 1621 N.W. 60 STREET MIAMI, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHERA, T. 8907 NE PRESCOTT ST PORTLAND, OR.97220	☐ Change ☑ Addition

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 APR. 30 - 2007 (305) 226-0199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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