2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#766472

Entity Name: NAIFA-MIAMI DADE, INC.

Apr 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9241 SW 54TH PLACE COOPER CITY, FL 33328

Current Mailing Address: New Mailing Address:

9241 SW 54TH PLACE COOPER CITY, FL 33328

FEI Number: 59-6151309 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SANTUCCI, MAUD MARIE 9241 SW 54TH PLACE COOPER CITY, FL 33328

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition

SANTUCCI, MAUD MARIE Name: Name: 9241 SW 54TH PLACE Address: Address: City-St-Zip: COOPER CITY, FL 33328 City-St-Zip:

Title: () Delete Title: (X) Change () Addition DEMERITTE, EDWIN T Name: WOLFE, CHRISTROPHER A Name: Address: 5301 N.W. 18 AVENUE Address: 7840 S.W. 86 ST., STE, 21 City-St-Zip: MIAMI, FL 33142 City-St-Zip: MIAMI, FL 33143

Title: () Delete Title: (X) Change () Addition WOLFE, CHRISTOPHER A EARLY-ROBERTS, MARY T Name: Name: 7840 S.W. 86 ST., STE. 21 2021 TYLER ST., STE. 102 Address: Address: City-St-Zip: MIAMI, FL 33143 City-St-Zip: HOLLYWOOD, FL 33020

Title: VΡ () Delete Title: (X) Change () Addition EARLY-ROBERTS, MARY T Name: Name: WATERS, STEPHEN J III 4011 OAKWOOD BOULEVARD Address: Address: 2100 PONCE DE LEON BLVD., STE. 600 City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: CORAL GABLES, FL 33134

Title: () Delete Title: (X) Change () Addition

WATERS, STEPHEN J III SUSSMAN, ERIK C Name: Name:

2100 PONCE DE LEON BLVD., STE. 600 1101 BRICKELL AVE., PH-SOUTH TOWER Address: Address:

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MAUD MARIE SANTUCCI ED 04/17/2009