

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767049

FILED
Apr 25, 2008
Secretary of State

Entity Name: CHARLEE OF DADE COUNTY, INC.

Current Principal Place of Business:

155 S. MIAMI AVE.
SUITE 700
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

155 S. MIAMI AVE.
SUITE 700
MIAMI, FL 33130

New Mailing Address:

FEI Number: 59-2302250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAGLE, MARY T CEO
CHARLEE OF DADE COUNTY, INC.
155 S. MIAMI AVENUE, SUITE 700
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

HECTOR, NANCY CEO
CHARLEE OF DADE COUNTY, INC.
155 S. MIAMI AVENUE, SUITE 700
MIAMI, FL 33130 US

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: NANCY HECTOR

04/25/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: HUDSON, PEGGY
Address: 820 BELLE MEADE ISLAND DRIVE
City-St-Zip: MIAMI, FL 33138

Title: VP () Delete
Name: GONZALEZ, WALTER B
Address: 8275 SW 86 TERRACE
City-St-Zip: MIAMI, FL 33143

Title: SEC () Delete
Name: KEON, PAT II
Address: 60 EDGEWATER DRIVE, #11A
City-St-Zip: MIAMI, FL 33133

Title: TD () Delete
Name: HECTOR, NANCY
Address: 8585 OLD CUTLER ROAD
City-St-Zip: CORAL GABLES, FL 33143

Title: CEO (X) Delete
Name: CAGLE, MARY T
Address: 155 S. MIAMI AVENUE, SUITE 700
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: GONZALEZ, WALTER B
Address: 8275 SW 86TH TERRACE
City-St-Zip: MIAMI, FL 33143

Title: SEC (X) Change () Addition
Name: KORGE, DEBBIE II
Address: 6121 GRANADA BLVD
City-St-Zip: CORAL GABLES, FL 33146

Title: TD (X) Change () Addition
Name: LUMPKIN, II, TOM
Address: 6258 SW 99TH TERRACE
City-St-Zip: CORAL GABLES, FL 33156

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BRENDA SOTO

CFO

04/25/2008

Electronic Signature of Signing Officer or Director

Date