

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 768414

1. Entity Name
ALLAPATTAH BUSINESS DEVELOPMENT AUTHORITY, INC.



Principal Place of Business
2634 NW 21 TERR
MIAMI, FL 33142 US

Mailing Address
2634 NW 21 TERR
MIAMI, FL 33142 US



01272006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2289231** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PACHECO, XIOMARA
2634 NW 21 TERR
MIAMI, FL 33142

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	CD CABEZAS, RAFAEL 12001 SW 117 AVENUE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD CRUZ, MARIANO 1227 NW 26 STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VALDES, RODOVALDO S 2601 NW 20 ST. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JAUREGUI, OBEN 2490 NW 35TH ST MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VYD ECHEVARRIA, JOSE A 2870 NW 18TH AVE APT 8-C MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/15/06-88022-008 70.00

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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: *Rafael Cabezas* / 131-06 (305) 635-3561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #