2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 768414

1. Entity Name
ALLAPATTAH BUSINESS DEVELOPMENT AUTHORITY, INC.

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

DO NOT WRITE IN THIS SPACE

02052007   No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
59-2289231	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_____

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, 2007**

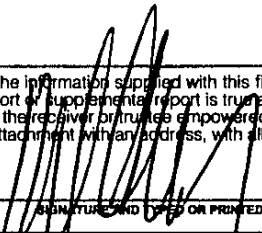**9.** Election Campaign Financing Trust Fund Contribution. · ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	CD
NAME	CABEZAS, RAFAEL
STREET ADDRESS	12001 SW 117 AVENUE
CITY-ST-ZIP	MIAMI, FL 33186

TITLE	VCD
NAME	CRUZ, MARIANO
STREET ADDRESS	1227 NW 26 STREET
CITY-ST-ZIP	MIAMI, FL 33142

TITLE	SD
NAME	VALDES, RODOVALDO S
STREET ADDRESS	2601 NW 20 ST.
CITY-ST-ZIP	MIAMI, FL 33142

TITLE	TD
NAME	JAUREGUI, OBEN
STREET ADDRESS	2490 NW 35TH ST
CITY-ST-ZIP	MIAMI, FL 33142

TITLE	VYD
NAME	ECHEVARRIA, JOSE A
STREET ADDRESS	2870 NW 18TH AVE APT 8-C
CITY-ST-ZIP	MIAMI, FL 33142

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000673197
03/29/07-80020-008 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 any address, with all other like empowered.

SIGNATURE: _____ Chairman of the Board 3-7-07 305-635-3701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #