


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

27. **FILED**
Mar 13, 2008 8:00 am
Secretary of State

02-25-2008 90058 009 ****70.00

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

66003684



02052008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-2289231	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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: Xiomara Pacheco, Esq. Director 2/15/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing) DATE

Filing Fee is \$61.25
Due by May 1, 2008

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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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 CHAMUZZI 3/10/08 305 635-3561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #