2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#768414

FILED May 01, 2009 Secretary of State

Entity Name: ALLAPATTAH BUSINESS DEVELOPMENT AUTHORITY, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
2634 NW 21 TERR MIAMI, FL 33142 US				
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
2634 NW 2 MIAMI, FL				
FEI Number: 59-2289231 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
PACHECO, XIOMARA 2634 NW 21 TERR MIAMI, FL 33142 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:				
	Electronic Signature of Registered Ager	t	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CD () Delete CABEZAS, RAFAEL 12001 SW 117 AVENUE MIAMI, FL 33186	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VCD () Delete CRUZ, MARIANO 1227 NW 26 STREET MIAMI, FL 33142	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () Delete VALDES, RODOVALDO S 2601 NW 20 ST. MIAMI, FL 33142	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () Delete JAUREGUI, OBEN 2490 NW 35TH ST MIAMI, FL 33142	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VYD () Delete ECHEVARRIA, JOSE A 2870 NW 18TH AVE APT 8-C MIAMI, FL 33142	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: RAFAEL CABEZAS PRES 05/01/2009