

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L11949

1. Entity Name
DADELAND NORTH, INC.



Principal Place of Business
**6605 6661 S, DIXIE HIGHWAY
MIAMI, FL 33143 US**

Mailing Address
**1550 MADRUGA AVE.
STE. 230
CORAL GABLES, FL 33146 US**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0153894

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LEITMAN, PHILIP
1550 MADRUGA AVE.
STE. 230
CORAL GABLES, FL 33146**

**DO NOT WRITE
IN THIS SPACE**

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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
**D
SUCHMAN, CLIFFORD L.
1550 MADRUGA AVE
CORAL GABLES, FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
LEITMAN, PHILIP
1550 MADRUGA AVE
CORAL GABLES, FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**V
SHANE, MARTIN
1550 MADRUGA AVE
CORAL GABLES, FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**T
ROBERTS, PETER
1550 MADRUGA AVE
CORAL GABLES, FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**S
SUCHMAN, LAWRENCE
1550 MADRUGA AVE
CORAL GABLES, FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000519495
05/02/06-80055-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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 607, 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:

Philip Leitman **PHILIP LEITMAN, PAW**

4/18/06 **305 667 6461**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #