

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 11, 2009
Secretary of State

DOCUMENT# N00000006835

Entity Name: MIAMI-DADE POLICE-POLICE ATHLETIC LEAGUE, INC.**Current Principal Place of Business:**9105 NW 25 ST RM 1044
MIAMI, FL 33172**New Principal Place of Business:****Current Mailing Address:**9105 NW 25 ST RM 1044
MIAMI, FL 33172**New Mailing Address:****FEI Number:** 65-1055675**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DIBERNARDO, JIM
9105 NW 25 ST RM 1044
MIAMI, FL 33172 US**Name and Address of New Registered Agent:**

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 Agent

Date

OFFICERS AND DIRECTORS:**Title:** T () Delete
Name: WORDLY, MICHAEL
Address: 9105 NW 25 STREET #1044
City-St-Zip: MIAMI, FL 33172**Title:** V () Delete
Name: ISHMAEL, NIZAM
Address: 9105 NW 25 STREET # 1044
City-St-Zip: MIAMI, FL 33172**Title:** S () Delete
Name: SOTOLONGO, JOSE
Address: 9105 NW 25 STREET #1044
City-St-Zip: MIAMI, FL 33172**Title:** P () Delete
Name: LLERENA, LAZARO
Address: 9105 NW 25 ST RM 1044
City-St-Zip: MIAMI, FL 33172**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** P (X) Change () Addition
Name: MEDINA, RICARDO
Address: 9105 NW 25 ST RM 1044
City-St-Zip: MIAMI, FL 33172

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: JAMES DIBERNARDO

DIR

03/11/2009

Electronic Signature of Signing Officer or Director

Date