

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 20, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000001249**

1. Entity Name  
**WEST DADE COMMUNITY SERVICES, INC.**



Principal Place of Business  
**11160 W. FLAGLER ST.  
(REAR)  
SWEETWATER, FL 33124**

Mailing Address  
**11160 W. FLAGLER ST.  
(REAR)  
SWEETWATER, FL 33124**



05132008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**27-0004016**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MESA, MARIA ELENA  
11541 S.W. 5TH STREET  
SWEETWATER, FL 33174**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 12, 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  
**D  
MARTINEZ, BRAULIO  
1513 SW 129 CT.  
MIAMI, FL 33184**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
ARTILLES, ESTHER  
11549 SW 5 CT.  
SWEETWATER, FL 33174**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
APARICIO, ANGELES  
11247 NW TERR  
MIAMI, FL 32072**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000351766  
06/04/08-90050-004 70.00

**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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/13/2008 305-551-1141  
Date Daytime Phone #