

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004657

FILED  
May 30, 2008  
Secretary of State

Entity Name: DADE CAB FOUNDATION, INC.

## Current Principal Place of Business:

16606 NE 3RD AVENUE  
MIAMI, FL 33162

## New Principal Place of Business:

## Current Mailing Address:

204 NE 26TH ST  
POMPANO BEACH, FL 33064

## New Mailing Address:

FEI Number: 01-0726561      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:

MEUS, POWER  
16606 NE 3RD AVENUE  
MIAMI, FL 33162      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: PS      ( ) Delete  
Name: MEUS, POWER  
Address: 204 NE 26TH ST  
City-St-Zip: POMPAN BEACH, FL 33064

Title: T      ( ) Delete  
Name: ROBINSON, ABRAHAM  
Address: 18802 NE MIAMI PL  
City-St-Zip: NO. MIAMI BEACH, FL 33179

Title: VP      ( ) Delete  
Name: POLIDOR, GEORGE  
Address: 2454 NW 95 ST  
City-St-Zip: MIAMI, FL 33147

Title: VP      ( ) Delete  
Name: FILS, JEROME J  
Address: 15401 NE 6 AVE. #B221  
City-St-Zip: NO. MIAMI, FL 33161

Title: S      ( ) Delete  
Name: PIERRE, EVENEL  
Address: 1175 NE 110TH ST.  
City-St-Zip: MIAMI, FL 33161

Title: D      ( ) Delete  
Name: BOUNE, WILSON  
Address: 1395 NE 175 ST  
City-St-Zip: NORTH MIAMI, FL 33162

## 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:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: POWER MEUS

P

05/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date