

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90207 020 \*\*\*\*61.25

<b>DOCUMENT # N03000003330</b>					
<b>1. Entity Name</b> DADE COUNTY TRI-AREA GRATITUDE DINNER COMMITTEE, INC.					
<b>Principal Place of Business</b> 8100 SW 19TH ST. MIAMI, FL 33155			<b>Mailing Address</b> 8100 SW 19TH ST. MIAMI, FL 33155		
<b>2. Principal Place of Business - No P.O. Box #</b> 7500 S.W. 112 <sup>TH</sup> STREET		<b>3. Mailing Address</b> 7500 S.W. 112 <sup>TH</sup> STREET			
Suite, Apt. #, etc		Suite, Apt. #, etc			
<b>City &amp; State</b> PINECREST, FLORIDA		<b>City &amp; State</b> PINECREST, FLORIDA		<b>4. FEI Number</b> 20-1853898	
<b>Zip</b> 33156		<b>Country</b> MIAMI-DADE		<b>Country</b> MIAMI-DADE	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> OBREGON, CARLOS L 8100 SW 19TH ST. MIAMI, FL 33155			<b>7. Name and Address of New Registered Agent</b> Name: <b>HECTOR S. VERGARA</b> Street Address (P.O. Box Number is Not Acceptable): <b>7500 S.W. 112<sup>TH</sup> STREET</b> City: <b>PINECREST</b> FL Zip Code: <b>33156</b>		
<b>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.</b>					
SIGNATURE: <u><i>Hector S. Vergara</i></u> <b>HECTOR S. VERGARA</b>		DATE: <b>12 APRIL 2007</b>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE: <b>D</b> NAME: <b>JIMENEZ, JORGE L</b> STREET ADDRESS: <b>8100 SW 19TH ST.</b> CITY-ST-ZIP: <b>MIAMI, FL 33155</b>	<input checked="" type="checkbox"/> Delete		TITLE: <b>D</b> NAME: <b>JORGE M. POLI</b> STREET ADDRESS: <b>3120 S.W. 78TH COURT</b> CITY-ST-ZIP: <b>MIAMI, FL 33155</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: <b>D</b> NAME: <b>OBREGON, CARLOS</b> STREET ADDRESS: <b>8100 SW 19TH ST.</b> CITY-ST-ZIP: <b>MIAMI, FL 33155</b>	<input checked="" type="checkbox"/> Delete		TITLE: <b>D</b> NAME: <b>SEAN R. BROWN</b> STREET ADDRESS: <b>220 N.E. 12<sup>TH</sup> AVENUE</b> CITY-ST-ZIP: <b>HOMESTEAD, FL 33030</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
SIGNATURE: <u><i>Jorge M. Poli</i></u> <b>JORGE M. POLI</b>			DATE: <b>15 APR 07</b> DAYTIME PHONE: <b>786-797-2310</b>		