2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03460

FILED Apr 30, 2004 Secretary of State

Entity Name: MIAMI-DADE DRESSAGE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6305 SW 120TH AVENUE MIAMI, FL 33183 US

Current Mailing Address: New Mailing Address:

6305 SW 120TH AVENUE MIAMI, FL 33183 US

FEI Number: 59-2471241 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ADAMS, ELSA G

13100 ORTEGA LANE

NORTH MIAMI, FL 33181 US

GAGNON ADAMS, ELSA C

13100 ORTEGA LANE

NORTH MIAMI, FL 33181 US

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: ELSA C. GAGNON ADAMS 04/30/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P/D (X) Change () Addition Name: WEDENMARK, PELLE Name: WEDENMARK, PELLE

 Address:
 6305 SW 120TH AVENUE
 Address:
 6305 SW 120TH AVENUE

 City-St-Zip:
 MIAMI, FL 33183 US
 City-St-Zip:
 MIAMI, FL 33183 US

 Address:
 25 SW 24TH ROAD
 Address:
 25 SW 24TH ROAD

 City-St-Zip:
 MIAMI, FL 33129
 City-St-Zip:
 MIAMI, FL 33129

Title: S () Delete Title: S/D (X) Change () Addition
Name: ADAMS, ELSA Name: GAGNON ADAMS, ELSA C

 Address:
 13100 ORTEGA LANE
 Address:
 13100 ORTEGA LANE

 City-St-Zip:
 N MIAMI, FL 33181
 City-St-Zip:
 N MIAMI, FL 33181

Title: D (X) Delete Title: () Change () Addition

 Name:
 SALAZAR, ARMANDO C
 Name:

 Address:
 919 SW 23RD ROAD
 Address:

 City-St-Zip:
 MIAMI, FL 33129
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 ICCZA, CHARMAINE W
 Name:

 Address:
 9901 SW 79TH AVE
 Address:

 City-St-Zip:
 MIAMI, FL 33156
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ELSA GAGNON ADAMS S/D 04/30/2004

Electronic Signature of Signing Officer or Director

Date