

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 20, 2009
Secretary of State**

DOCUMENT# N06000008267

Entity Name: SOUTH DADE UNITED, INC.

Current Principal Place of Business:

7450 SW 164 STREET
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 56-0563
MIAMI, FL 33256

New Mailing Address:

FEI Number: 77-0664853 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THOMAS, JAMES
7450 SW 164 STREET
MIAMI, FL 33157 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: P () Delete
Name: NUNEZ, DEANO
Address: 13844 SW 281 ST
City-St-Zip: HOMESTEAD, FL 33033

Title: VP () Delete
Name: THOMAS, JAMES
Address: 7450 SW 164 ST
City-St-Zip: MIAMI, FL 33157

Title: T (X) Delete
Name: SHUPENKO, JOHN
Address: 7550 SW 54 AVENUE
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPT (X) Change () Addition
Name: THOMAS, JAMES
Address: 7450 SW 164 ST
City-St-Zip: MIAMI, FL 33157

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: JAMES A. THOMAS

VPT

01/20/2009

Electronic Signature of Signing Officer or Director

_____ Date