

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010197

FILED
Sep 02, 2008
Secretary of State

Entity Name: FIRE OFFICER'S ASSOCIATION OF MIAMI DADE,INC

Current Principal Place of Business:

2815 SALZEDO
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

2815 SALZEDO
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 26-1446187 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:

Name and Address of New Registered Agent:

ALEX A. KHOJA, CPA, PA
13500 SW 88TH STREET
SUITE 285-C
MIAMI, FL 33186 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SUAREZ, AL
Address: 2815 SALZEDO
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VP () Delete
Name: CASTRO, ADAEL
Address: 83 EAST 5TH STREET
City-St-Zip: HIALEAH, FL 33010 US

Title: VP () Delete
Name: LANG, ERIC
Address: 2815 SALZEDO
City-St-Zip: CORAL GABLES, FL 33134 US

Title: T () Delete
Name: STOLZENBERG, MARC
Address: 2815 SALZEDO
City-St-Zip: CORAL GABLES, FL 33134

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:

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: ERIC LANG

VP

09/02/2008

Electronic Signature of Signing Officer or Director

Date