2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N08000003058

Entity Name: NORTH DADE AND THE BEACHES REAL ESTATE COUNCIL, INC.

Current Principal Place of Business:

2999 NE 191ST STREET SUITE 409
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

2999 NE 191ST STREET SUITE 409
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 35-2331278 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SONN & MITTELMAN, P.A.
2999 NE 191ST STREET SUITE 409
AVENTURA, FL 33180 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: JAY, SCOTT
Address: 1575 IVES DAIRY ROAD
City-St-Zip: MIAMI, FL 33179

Title: V ( ) Delete
Name: GLASSMAN, LISA I
Address: 2627 NE 203RD STREET STE 100
City-St-Zip: AVENTURA, FL 33180

Title: T ( ) Delete
Name: KEYS, CAROL F
Address: 12700 BISCAYNE BLVD SUITE 401
City-St-Zip: NORTH MIAMI, FL 33181

Title: S ( ) Delete
Name: POWELL, NORMAN
Address: 17100 NE 19TH AVE
City-St-Zip: NORTH MIAMI BEACH, 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:

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: SCOTT JAY PRES 04/23/2009

Electronic Signature of Signing Officer or Director — Date