

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08166

FILED
Jan 10, 2007
Secretary of State

Entity Name: SOUTH DADE KENNEL CLUB, INC.

Current Principal Place of Business:

17855 SW 224 ST.
MIAMI, FL 33170 US

New Principal Place of Business:

Current Mailing Address:

17855 SW 224 ST.
MIAMI, FL 33170 US

New Mailing Address:

FEI Number: 59-2646708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADDISON, ROBBIE
17855 SW 224 ST.
MIAMI, FL 33170 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: HAYES, ODALYS
Address: 18505 SW 197 AVE.
City-St-Zip: MIAMI, FL 33187

Title: VP () Delete
Name: LAWSON, KATHY
Address: 3652 SW 23ST
City-St-Zip: MIAMI, FL 33145

Title: S () Delete
Name: FLORELLE, ANGEL
Address: 9800 SW 136ST
City-St-Zip: MIAMI, FL 33176

Title: T () Delete
Name: ADDISON, ROBBIE N
Address: 17855 SW 224 ST.
City-St-Zip: MIAMI, FL 33170

Title: BD () Delete
Name: ROSEN, JOANN
Address: 18460 SW 158 ST.
City-St-Zip: MIAMI, FL 33187

Title: BD () Delete
Name: SIMONES, CLIFF
Address: 17855 SW 224 ST.
City-St-Zip: MIAMI, FL 33170

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SIMONES, CLIFF
Address: 17855 S.W. 224 ST.
City-St-Zip: MIAMI, FL 33170

Title: VP (X) Change () Addition
Name: HAYES, ODALYS
Address: 18505 SW 197 AVE
City-St-Zip: MIAMI, FL 33187

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

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

Title: BD (X) Change () Addition
Name: GIORGI, SUE
Address: 12820 SW 148 ST RD
City-St-Zip: MIAMI, FL 33186

Title: BD (X) Change () Addition
Name: GIORGI, ELMO
Address: 12820 SW 148 ST RD
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBBIE N. ADDISON

T

01/10/2007

Electronic Signature of Signing Officer or Director

Date