

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11527

Entity Name: LAMBDA DADE, INC.

FILED
Jan 22, 2009
Secretary of State

Current Principal Place of Business:

212 NE 24TH ST., SECOND FL
MIAMI, FL 33137

New Principal Place of Business:

212 NE 24TH ST
SECOND FL
MIAMI, FL 33137

Current Mailing Address:

212 NE 24TH ST., SECOND FL
MIAMI, FL 33137

New Mailing Address:

212 NE 24TH ST
SECOND FL
MIAMI, FL 33137

FEI Number: 59-2617508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVEN K. BAIRD, P.A.
5981 NE 6TH AVE.
MIAMI, FL 33137 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: PD () Delete
Name: MCHUGH, THOMAS
Address: 212 NE 24TH ST., 2ND FL
City-St-Zip: MIAMI, FL 33137

Title: TD () Delete
Name: KERLIN, BILL
Address: 212 NE 24TH ST., 2ND FL
City-St-Zip: MIAMI, FL 33137

Title: VD () Delete
Name: MORRIS, CHRISTOPHER
Address: 212 NE 24TH ST., 2ND FL
City-St-Zip: MIAMI, FL 33137

Title: SD () Delete
Name: CASTILLO, DANILO
Address: 212 NE 24TH ST., 2ND FL
City-St-Zip: MIAMI, FL 33137

Title: D () Delete
Name: JOSEPHSON, DEON
Address: 212 NE 24TH ST., 2ND FL
City-St-Zip: MIAMI, FL 33137

Title: D () Delete
Name: MCCANN, DEREK
Address: 212 NE 24TH ST., 2ND FL
City-St-Zip: MIAMI, FL 33137

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:

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: BILL KERLIN

TD

01/22/2009

Electronic Signature of Signing Officer or Director

Date