2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008
Secretary of State

DOCUMENT# N11621

Entity Name: MIAMI-DADE AUTO TAG ASSOCIATION, INC.

Current Principal Place of Business:

18655 S DIXIE HWY
MIAMI, FL 33157 US

New Principal Place of Business:

Current Mailing Address:

18655 S DIXIE HWY
MIAMI, FL 33157 US

New Mailing Address:

FEI Number: 59-2601784 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VIESCA, JOSEPH
18655 S DIXIE HWY
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

DELAVIESCA, JOSEPH
18655 S DIXIE HWY
MIAMI, FL 33157 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: JOSEPH DELAVIESCA 02/20/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: SOROSKY, EUGENE E.,
Address: 1375 NW 36TH STREET
City-St-Zip: MIAMI, FL

Title: PD ( ) Delete
Name: DE LA VIESCA, JOSEPH
Address: 18655 S DIXIE HWY
City-St-Zip: MIAMI, FL 33157

Title: VD ( ) Delete
Name: DE OROZCO, MARIA
Address: 1550 W 84 ST SUITE 75
City-St-Zip: HIALEAH, FL 33014

Title: TD ( ) Delete
Name: COLE, PAC,
Address: 11287 S DIXIE HWY
City-St-Zip: MIAMI, FL

Title: VD ( ) Delete
Name: COWART, LON,
Address: 20-B WEST 49TH ST.
City-St-Zip: HIALEAH, FL

Title: SD ( ) Delete
Name: FERRAND, MARY
Address: 30708 S FEDERAL HWY
City-St-Zip: HOMESTEAD, FL

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: JOSEPH DELAVIESCA PD 02/20/2008
Electronic Signature of Signing Officer or Director Date