

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N11956

1. Entity Name
UNITED FIREFIGHTERS OF DADE COUNTY, INC.



Principal Place of Business
**C/O HODGINS, DENNIS
9501 SW 150 ST
MIAMI, FL 33176 US**

Mailing Address
**C/O DENNIS HODGINS
9501 SW 150 ST.
MIAMI, FL 33176 US**



01042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2617067

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HODGINS, DENNIS
9501 SW 150 ST.
MIAMI, FL 33176**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	HATCH, ROBERT
STREET ADDRESS	7740 SW 32ND STREET
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	SD
NAME	SWERDLOFF, JACK
STREET ADDRESS	11443 SW 109 ROAD #A
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	STD
NAME	HODGINS, DENNIS
STREET ADDRESS	9501 S.W. 150TH STREET
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/06/06 0019-013 51.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis Hodgins

1/6/06 305-710-5884

Daytime Phone #