

2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90041 033 \*\*\*\*70.00

DOCUMENT # N30850

1. Entity Name  
MIAMI-DADE COUNTY DAYS, INC.



Principal Place of Business

% DADE COUNTY LEGISLATIVE DELEGATION  
111 NW 1ST ST #655  
MIAMI, FL 33128

Mailing Address

10719 SW 104 ST.  
MIAMI, FL 33176

40004000



01132005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0102405

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOMES, CHARLES L  
10719 SW 104 ST.  
SOUTH MIAMI, FL 33143

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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 reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME LOPEZ, VINCENT JR  
STREET ADDRESS 150 W FLAGLER ST #1820  
CITY-ST-ZIP MIAMI, FL 33130

TITLE T  
NAME GOMES, CHARLES  
STREET ADDRESS 10719 SW 104 ST.  
CITY-ST-ZIP S. MIAMI, FL

TITLE D  
NAME RAULSON, DIANNE  
STREET ADDRESS 14317 SW 62 ST  
CITY-ST-ZIP MIAMI, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

1/18/05 305-595-9377