

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30850

FILED
Feb 03, 2006
Secretary of State

Entity Name: MIAMI-DADE COUNTY DAYS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

10719 SW 104 ST.
MIAMI, FL 33176

New Mailing Address:

FEI Number: 65-0102405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GOMES, CHARLES L
10719 SW 104 ST.
SOUTH MIAMI, FL 33176 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:

02/03/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOPEZ, VINCENT JR
Address: 150 W FLAGLER ST #1820
City-St-Zip: MIAMI, FL 33130

Title: T () Delete
Name: GOMES, CHARLES
Address: 10719 SW 104 ST.
City-St-Zip: S. MIAMI, FL

Title: D () Delete
Name: RAULSON, DIANNE,
Address: 14317 SW 62 ST
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: GOMES, CHARLES
Address: 10719 SW 104 ST.
City-St-Zip: MIAMI, FL 33176

Title: D (X) Change () Addition
Name: RAULSON, DIANNE,
Address: 14317 SW 62 ST
City-St-Zip: MIAMI, FL 33183

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: CHARLES GOMES

TRES

02/03/2006

Electronic Signature of Signing Officer or Director

Date