

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 24, 2007  
Secretary of State**

DOCUMENT# N30850

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 33176      US

**Name and Address of New Registered Agent:**

GOMES, CHARLES L  
10719 SW 104 ST.  
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: \_\_\_\_\_ 01/24/2007  
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: MIAMI, FL 33176

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 L. GOMES      T      01/24/2007  
Electronic Signature of Signing Officer or Director      Date