

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N30850</b>	
1. Entity Name <b>MIAMI-DADE COUNTY DAYS, INC.</b>	
Principal Place of Business <b>% DADE COUNTY LEGISLATIVE DELEGATION 111 NW 1ST ST #655 MIAMI, FL 33128</b>	Mailing Address <b>10719 SW 104 ST. MIAMI, FL 33176</b>



02292008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0102405</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>GOMES, CHARLES L 10719 SW 104 ST. MIAMI, FL 33176</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, VINCENT JR 150 W FLAGLER ST #1820 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOMES, CHARLES L 10719 SW 104 ST. MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAULSON, DIANNE 14317 SW 62 ST MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/20/08-80029-006 70.00

**DO NOT WRITE 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:** *Charles L. Gomes* Trust Director 305-596-2736  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #