


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N30850 1. Entity Name MIAMI-DADE COUNTY DAYS, INC.	
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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
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DO NOT WRITE IN THIS SPACE



02292008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent GOMES, CHARLES L 10719 SW 104 ST. MIAMI, FL 33176
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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 _____ (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

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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 #